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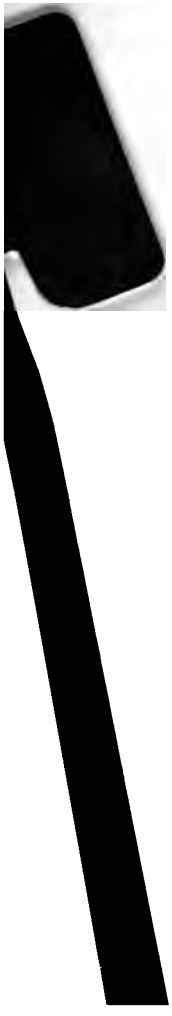

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SUFFERING LONDON

OR, THE HYGIENIC, MORAL, SOCIAL, AND POLITICAL RELATION OF OUR VOLUNTARY HOSPITALS TO SOCIETY

By A. EGMONT HAKE

WITH AN INTRODUCTION BY

WALTER BESANT

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PUBLISHERS' NOTICE.

THIS book is the sole work of an able writer who, having visited the Hospitals and independently studied the questions affecting them, now offers his own personal views to the public. It should therefore be distinctly understood that the great merit of the book is that the author alone is responsible for the opinions expressed, and that they must be accepted as the views of one who has no official or other connection with the Hospital World.

452850

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INTRODUCTION.

A STORY is told in some book—I forget what—of African travel how the voyager once came upon a poor old woman lying under the shade of a rock, at the point of death. She had been left there by her children and her grandchildren because she was old and feeble, and could do no more for herself or for others. The traveller offered her food and drink. She refused, saying that they would only prolong her sufferings: she wished to die before the vultures and the jackals came and tore her to pieces; she bade the stranger go on his way, and leave her there to die: which he did. As this old woman died, so died all those of her own people whose lives were, unhappily, prolonged beyond the time of their strength. Most, fortunately for them, died on the battlefield, or were smitten, before the age of senile

impotence and decay, by fever and swift pestilence, and so escaped the lingering torture of exposure. As it was with this old woman, so it has been with countless men and women. Death, for most, meant the slow agony of starvation, or the fangs of the wild beast. The world, you see, has always belonged to the hunter and the warrior — who must be young — and to their mates. The world still belongs, though in another and a wider sense, to the hunter and the warrior; but those who can neither procure food, nor meet the foe, are now allowed — nay, encouraged — to live as long as they can. To begin with, all the wealth of all the world now belongs to the old, with some exceptions. They have the wealth, and they make believe that with the wealth the world itself belongs to them. Fond delusion! When the power to fight—to create —to make—vanishes, the power to enjoy vanishes as well. What have the old to do with the realities of the world? They can creep about

their gardens and their houses ; they can put on robes of authority ; they can give orders to their servants : but the round world and all that therein is, and is worth having, belongs, and always will belong, to the young.

Formerly, then, the old were left to die : unregarded they lay down and starved when they could do no more for themselves. It was an immense advance in civilisation when children began to maintain their parents, and masters their servants, after they could work no longer. Among the Romans, it was lawful to expose an aged, helpless slave on the rock, and there to leave him till he died. They also had the power, if they pleased, of doing to death, in any manner they pleased, any of their slaves. Flogging to death was not uncommon, as is shown by a certain passage in Plutarch. We have forgotten all these horrors. The modern terrors of slavery are not thought of any longer. Yet even down to the first quarter of this century —not to speak of the slavery in America—we had

the thing always before us in the sufferings of those who fell into the clutches of the Moor and the Algerine. It would not be difficult to show, though this is not the place for such an investigation, that what we call sympathy, the sense of brotherhood, the enthusiasm of humanity, the discovery of interdependence, has grown and developed in inverse proportion to the existence and the reality of slavery. When man has absolute power over another man, he loses the sense of respect for that man: the slave is oppressed; the slaveowner is hardened. If it is bad for the slave, it is far, far worse for his master.

The growth of this sense, the recognition of what used to be called the rights of man, has been slow indeed—but then the world is still very young; and childhood is an age *sans pitié*. The childhood of mankind was—is still—brutal and cruel, regardless of suffering, contemptuous of weakness. During long centuries, it has been like a delicate plant struggling to grow; sometimes it has seemed to die

away altogether, trembling and withering, poisoned by the mephitic airs that blew upon it, choked by the rank vegetation that flourished around it. Yet it never wholly dies. While in the old times every man's hand was against his brother; while, later on, the rich man ground down the strength of the poor, and cast him out to die in a ditch; while the heart of the poor was filled with hatred, and the hand of the poor was red with murder—the plant drooped and withered. Always, in every age, there are those in presence of whom this plant hangs down its head—always, in every age, there are those for whom it puts forth its dainty leaves of a tender, spring-like green, and bears its fruit, the fruit which is the only remedy known—a sovereign remedy—for the hatred of man for man, of class for class.

The fruit of this tree, again, bears divers names —names given by those who admire it, though perhaps they have not tasted of it. For it is variously called the Love of God; or the Love of Christ; or the Love of all the Saints; or the

Love of Man: these are among the names which we give to the fruit of this tree. Formerly those who tasted it founded monasteries, where men, themselves sworn to poverty and voluntarily cut off from all the pleasures of the world, so that they denied themselves the love of woman, the joys of ambition, the delights of meat and drink, the treasures of earthly friendship, and even the simple boon of uninterrupted sleep—left to themselves one luxury,—the care of relieving and helping the poor. For those who were well there was supper in the refectory, with a bed upon the straw before the fire, and a breakfast in the morning. For those who were sick there was the *infirmaria*, with the service of the *infirmarius*. Again, when it was seen that the people in the towns were but little helped by the monks in the country, other men, calling themselves friars, began to go about among the lanes and streets of the city, living on charity; and living hardly and poorly,

while they worked always for the poor. In those days that saint was the most popular who had done most for the poor. What saint, for example, so popular as Saint Martin—he who divided his cloak with the beggar?

It has been asked whether the first hospitals were the infirmaries of monastic foundations. The origin of hospitals is doubtful: but I think not. There must have been, in all times, something corresponding to a modern hospital. Among the earliest arts discovered were most certainly the simple methods of tying broken limbs with splints, of stanching blood and binding up wounds: these things belong to the never-ceasing wars of ancient generations, when the son took up the sword that his dying father laid down in battle. When wars ceased between adjoining villages and became tribal—international—wars of races; when armies began to move about, something in the nature of a hospital became necessary. In the Roman Camp was always the *valetudinarium:* and no doubt in

still earlier times the great army of Xerxes carried about its hospital tents. The thing that was necessary in a camp was imitated in the towns: a place for the hurt and the wounded, if not for those smitten with disease, was very early found necessary wherever a crowd of people lived together. A Hôtel-Dieu was established at Lyons as early as 560 A.D.; one at Paris a hundred years later; we in this country had to wait for the coming of Archbishop Lanfranc, who founded two hospitals — one for leprosy and one for ordinary diseases.[1] Again, the prevalence of contagious or infectious diseases—those which did not, like a "putrid sore throat" or a fever, kill in a few days, but lingered for years with the sufferer—made it still more necessary to isolate the sufferers. Therefore, in the thir-

[1] I read in a biography of Lanfranc that he covered England with hospitals and lazar-houses. That may be so, but the statement looks like exaggeration, and nothing remains of any of these numerous foundations, so far as I can learn, at the present day, except his Hospital of St. John, at Canterbury.

teenth century there were two thousand hospitals for leprosy in France alone. How many there were in this country one knows not; but there are traces and traditions of them in many places. And there was certainly one great lazar-house to which all others in the country were in some sort subject—namely, that at the village of Burton-Lazars, near Melton-Mowbray. The lazar-house of London was the Hospital of St. Giles, whose chapel stood on the present site of the Church of St. Giles-in-the-Fields.

The development of the hospital was therefore something as follows:—First, the rough and ready surgery of the battlefield; then, when armies became large, the tent or waggon for the sick and wounded; next, the charitable reception of the poor into Christian monasteries—this must have begun, one cannot but believe, with the earliest monastery; then the Hôtel-Dieu, administered by brothers and sisters under rule; then the houses for those afflicted with leprosy and skin diseases. Thus, the first

general hospital in London was that founded by Rahere, of which more immediately; but there were speedily established lazar-houses all over the country.

Let us, next, consider London as regards its hospitals in the fourteenth century. We find that it had a great lazar-house in St. Giles, where stands the present church. Skin diseases of all kinds were treated in this lazar or lepers' house. Then there was Rahere's hospital of St. Bartholomew, standing on its present site close to the Priory of the same name. The Prior had some control—perhaps as official visitor—over the conduct of the hospital. The Society consisted of a Master, eight Brethren, and four Sisters, living under the Augustine rule. There were three surgeons and one physician. They made up one hundred beds. There was, next, St. Mary's Spital, also without the walls of the city, on the site in Bishopsgate Street Without, now occupied by Spital Square: at the time of the Dissolution there were 180 beds at this hospital. There

seem to have been no other general hospitals. Almshouses there were already—the Papey, under the wall at the north end of St. Mary Axe, for old and decayed priests; Elsing's Spital, for blind men; Whittington's College; Jesus Commons; with many other colleges and asylums of priests and old people, but not hospitals. St. Thomas Apostle, Southwark, was an almonry; and Bethlehem was a Priory of Canons for Brothers and Sisters, founded in 1235. But the latter foundation did not become a hospital after the Dissolution.

It must not be believed that in those days, or even still earlier, there were wanting wise men, scholars, and quacks, who professed to heal diseases of all kinds. The bonesetter was expert in his own line; the country women knew a good deal about the virtues of herbs; witches sold charms and talismans to avert disease—they also cured nervous disorders by methods akin to what we now call mesmerism—but they called these methods magic. Patients went on pilgrimages, and prayed at shrines

—as they do to this day: they also touched relics, sprinkled themselves with holy water, and made offerings with prayer for the intercession of the Saints. The serving Brethren of the monastery practised and taught surgery in the convent infirmary, and, without doubt, in the town or village that lay outside the convent walls: the *sage-femme* practised her art, which was forbidden to men. It was in a monastery, that of Monte Casino, that the first medical school was established. The main reason for the rise and growth of that school was the possession of the relics of St. Matthew. Then medical brotherhoods began to be established: there were the Brothers of St. John, of St. Mary, of St. Lazarus, of St. Anthony, of the Saint Esprit: there were the Knights Templars and the Knights Hospitallers—all of whom included the practice and study of medicine in their rules. These brotherhoods afterwards became specialised: some, like the Templars, treated ophthalmia: others, as the Lazarists, leprosy. Presently a new departure was

made. The Hospitallers engaged the assistance of women as nurses. Hildegarde, Abbess of Rupertsberg, organised in the twelfth century a school of nurses. Abelard exhorts the nuns of the Paraclete Convent to learn surgery for the service of the poor.[1] Then presently arose also the barbers, who being at first permitted only to bleed, gradually took upon themselves other functions, the performance of which was permitted them by charter, because the poor people could not afford to pay learned physicians. They became a corporation. There were thus three classes: the long-robed physicians; the short-robed surgeons; and the barbers with their own corporation.

The restoration of a mediæval hospital is difficult. But we can obtain glimpses in the literature of the time and from illuminated MSS. For instance, we read that in St. Mary's Spital there were 180 beds, but we also learn in addition that there were great beds and little beds, and that in the

[1] See Lacroix. *Science and Literature of the Middle Ages.*

great beds two, three, and even four patients were laid side by side: even women in child-birth were laid four in a bed. This seems incredible, but we must remember, first, that people in health always lay as many in a bed as the bed would hold: second, that habits are not changed more than is necessary in times of disease. A very interesting engraving is given by Lacroix, showing a ward of the Hôtel-Dieu. It is in three panels: the middle panel in the chapel with the high altar: at the entrance are two lofty pillars, with a saint standing on each; also there is kneeling a king crowned and robed. On the right hand is figured a ward, with two beds: the room is meant to be large, the roof supported by arches and pillars: at the head of each bed is a screen to keep the occupants from draughts: two patients are lying in one bed; only one in the other; the patients are naked, except for the head, which is swathed; of course the body is covered with blankets: three nurses in large aprons and

dark-coloured hoods are attending the sick. In the other panel there is only one bed, but there are two patients in it. To one who is dying a priest administers the Eucharist; the other is in the hands of a nurse; a woman kneels at the bedside; two other nurses are sewing up what appear to be bolsters, but may be dead men.

At the Dissolution, St. Bartholomew had only one physician and three surgeons. Therefore the Brethren and the Sisters must have been nurses and attendants. Their duties may be learned from the charges and admonitions drawn up for the various officers on the reconstruction of the hospital some years after the Dissolution. Such things as rules and regulations for the management of a hospital are not invented in a moment, they are the growth —the slow growth, after many tentatives—of many generations—of centuries—in this case, of four hundred years of work. Under the new *regime*, instead of eight Brethren and four Sisters practising the rule of Austin, we now have a

Hospitaller, a Renter Clerk, a Butler, a Porter, a Matron, twelve Sisters, and eight Beadles, for the service of the house and the sick. There are three chirurgeons giving daily attendance.

The office of the Hospitaller is to receive the sick, discharge those who are healed, keep a register of the admissions and the diseases, receive and distribute victuals, pray with the sick and administer the Sacrament of the Holy Communion at convenient times. He was, therefore, a Clerk in Holy Orders. The Matron has to see that the Sisters "do their duty unto the Poor, as well in making of their beds and keeping their wards, as also in washing their clothes, and other things. . . . And at such times as the Sisters shall not be occupied about the Poor, ye shall set them to spinning or doing of some other manner of work, that may avoid idleness and be profitable to the Poor of this House."

The following is part of the charge to the Sisters—it will be seen that something of the

monastic spirit remained. "Ye shall also faithfully and charitably serve to help the Poor in all their Griefs and Diseases, as well by keeping them sweet and clean, as in giving them their Meats and Drinks after the most honest and comfortable manner. Also, ye shall use unto them good and honest Talk, such as may comfort and amend them: and utterly to avoid all light, wanton, and foolish Words, Gestures, and Measures, using yourselves unto them with all Sobriety and Discretion. And, above all things, see that ye avoid, abhor, and detest Scolding and Drunkenness, as most pestilent and filthy Vices.

"Ye shall not haunt or resort to any manner of Person out of this House, except ye be licensed by the Matron: neither shall ye suffer any light Person to haunt or use unto you: neither any dishonest person either Man or Woman: and so much as in you shall lie, you shall avoid and shun the Conversation and company of all men."

In the last admonition we discern a lingering of

the sisterhood and the convent, otherwise the rules might have been passed to-day for the direction of a probationer. Care, gentleness, cleanliness, kindness, sobriety in language and manners —these be still the chief rules to be observed by any hospital nurse.

Modern views of ventilation did not yet prevail; yet one cannot believe that a hospital could be maintained at all without some attention to this most important point. The patients were probably put into hot baths, because the use of the hot bath among the better class was always prevalent both as a luxury and a necessity. It was once publicly stated, and not long ago, in the House of Commons that for fifteen hundred years no one ever took a bath—a most remarkable blunder, when we consider that every visitor who arrived at a mediæval castle was conducted by the lady's handmaids to the hot bath, and that the bath was always esteemed the greatest possible luxury. It is not probable or conceivable, this being the

view of the bath, that patients in a hospital could be placed in their beds without such a necessary preliminary. As to the treatment of diseases, the rules of diet, the practice of surgery, the pharmacopœia—these things belong to a medical work. They are too high for this place and this writer.

We have seen, then, how before the Reformation there had grown up a complete hospital system, with physicians, surgeons, nurses, and wards, much after the modern plan, and, in respect to the nurses, far in advance of the modern plan, until the changes of the last twenty years.

The dissolution of the Religious houses, commenced in the year 1525, was completed in 1540, over six hundred foundations being destroyed; with them perished, for the City of London, its two great hospitals of St. Mary and St. Bartholomew. What became then of all the sick? They were left at home to die. Consider, if you can, what that means. All the sick carried out of the wards to

their own homes: not only those in the two hospitals, but those, if there were any, in the infirmaries of Eastminster, of the Holy Trinity, of the Nuns Minories, of St. Helen's, of Bethlehem, of Grey Friars, of Austin Friars, of Black Friars, of White Friars, of St. Mary Overies, of Bermondsey. The poor blind men of Elsing Spital were turned into the street; the poor old priests of the Papey had to give up their humble home and even their work, if they were still able to work. The Religious houses had grown careless and luxurious, perhaps, but we cannot believe that they had departed from all their ancient customs; there must have been left, even in the most scandalous and corrupt foundations, the relief of the poor, the care of the sick, the education of the young. Whether they received the sick or no, think only of the closing of St. Bartholomew's, St. Mary's, Elsing's, and the Papey.

Some years later, in a *Lamentation* against London (Nuremburg, 1547), there occurs the following passage:

"O ye citizens, if ye would but turn even the profits of your Chantries and your Obits, to the finding of the poor with a politick and godly Provision! Whereas, London being now one of the Flowers of the World, and touching worldly Riches, hath too many, yea, an innumerable number of Poor People forced to go from door to door, and to sit openly in the streets a-begging. And many not able to do for others, but lye in their Houses in most grievous Pains, and die for lack of aid from the Rich, to the great Shame of thee, O London! I say, if ye would but redress these things, as ye be bound, and sorrow for the Poor, so should ye be without the Clamour of them, which also have cryed unto God against you.

"But to their blind guides—" (chantry priests)—"ye be maintainers of their Idleness, and leave the Lame, the Blind, and the Prisoner unholpen. Ye will give six, seven, eight, yea, twelve pounds yearly to one of them to sing a Chantry, to rob the living God of His Honour. . . . I think, in my judg-

ment, under Heaven, is not so little Provision made for the Poor, as is in London, of so rich a city."

But at this time ceased suddenly the endowment of masses. Chantry priests vanished; monks, friars, nuns, brotherhoods, sisterhoods, and all the vast army of those who lived upon the monastery endowments—the bakers, brewers, embroiderers, robe-makers, sextons, vergers, serving brothers—all vanished together and were no more seen. Most wonderful transformation! The busy crowded court of the monastery was silent and deserted; the candles in the chapel were extinguished; the altar was dismantled; the kitchen and butteries were silent,—where were the cooks?—from the infirmary no voice; from the schoolroom no sound; all silent—all deserted. Where were they all? What became of all? How did the serving brethren fare—those who had grown up in the service of the monastery and knew no other service—a timid flock, accustomed to lie within the precincts and walls of the cloister,

safe from the buffets of a rude world—perhaps in the service of gentle nuns, and pampered with the kindness of the ladies? Where did the old monks seek refuge—those who had passed their whole lives, first as boys at the altar, next as deacons, lastly as monks in the cloister? To them the world was impossible: without their midnight service, their lauds, their nones, and the regular sing-song iteration of litanies that was to them nothing but the grinding of a mill whose wheels must be kept going, they were lost. And who would lead them to a refectory? Who would provide them with toothsome fish for fasting and fat capons for feasting? As for the nuns, they mostly crossed the seas and found shelter in the low countries till civil war drove them forth again.

How fared it in London, with the sick, the poor, the aged, the impotent, the lame, the blind, the lunatic, the broken-down? History says little about the sufferings of that time. The

contemporary document, however, which I have quoted above, affords a glimpse. All of them went begging. There was nothing else. They must go begging or they would starve. Those who were sick lay down to die in their poor hovels, without attendance, without food; the only physician of the poor was the wise woman, the herbalist: the only surgeon was the barber. No hospitals, no asylums, no almonries, no charities at all! No schools, even! What a time! One cannot picture it, one cannot realise it. History says little or nothing about it. The cares, and dangers, and troubles of the State were so great at this crisis —the decay of trade was so terrible—there was no time to think of the dying, and the starving, and the beggars. It is only when times are tolerably quiet that men begin to think of the weaker brethren. In the stress and storm of battle the weak are ruthlessly trampled under foot—trampled to death. But try to think of a city

without even a Hôtel-Dieu! It is like a man without a conscience; a man without pity; a man who deliberately shuts his eyes to the distresses of his neighbours; a man deaf to all interests save his own. Alas! what tragedies were enacted in those years—tragedies of death, and suffering, and self-sacrifice, all unheeded and forgotten! What hardening of hearts in the class above—what monstrous births, and growths, and gatherings of hatred in the class below!

A few years later the City, awakened to shame, restored the five Royal Hospitals of Bartholomew's, Bethlehem, Grey Friars, St. Thomas's, and the stately Palace of Bridewell. Two became great hospitals for general purposes, one for lunatics, one became a school, and one was converted into a Workhouse and a House of Correction.

Then begins a new period with the history of benefactions by bequest. This history may be followed by the help of the parish records. It

has never yet been written, and it should be done speedily, before the memory of the former City Charities is quite forgotten, because all these bequests have now been swept into the coffers of the Charity Commissioners. We are fortunately able, for instance, to understand what kind of will used to be made by the London citizen under the old religion. It is useful for comparison. Stow gives us, with undutiful contempt for superstition, the last will and testament of his grandfather, citizen and tallow chandler, who lies buried in the little green churchyard of St. Michael's, Cornhill, near his father and grandfather, for there were many generations of Stows, citizens and tradesmen. You can still see the churchyard where the family ashes lie.

This good citizen, who was not rich, left to the High Altar of his Parish Church, twelvepence; to the Jesus Brotherhood, twelvepence; to Our Lady's Brotherhood, twelvepence; to the seven Altars of the Church every year for three years,

twentypence; for a watching-candle for every altar, five shillings; to the Brotherhood of Clerks, for drink, twentypence; to a poor man or woman every Sunday, one penny, to say three Paternosters and Aves, or a Credo, for his soul. This was the kind of will made by everyone: they would save their souls by candles, perfunctory prayers, and by the paid mumblings of some poor old crone, carried on for long years after they were dead. This is what all of them did: only rich men gave pounds or shillings, whereas this worthy tallow chandler gave pence.

Suddenly everything was changed. The candles were blown out; the old crone, with all the willingness in the world to oblige—quite ready to mumble Credo and Ave for a small consideration—could find no one to give anything for her Paternosters: the heirs pocketed all the money left for masses. Yet something must be done to mark the piety of a testator. Perhaps a certain text now influenced the worthy citizens. For the time of

charitable bequests began, and has continued ever since. They began by leaving money for sermons—what are we without sound doctrine? —side by side with money for the poor. They left money to clothe the poor, to heal the poor, to teach the poor, to feed the poor, to bury the poor. Nothing more suggestive of the radical change in religious opinion than the records of the London City churches. Almshouses began to spring up outside London. By the end of the last century all the suburbs were dotted with almshouses. New hospitals were founded; special hospitals were beginning; charity was no longer recognised as a dole casually given to the first applicant; it was becoming organised, methodical, a thing calculated and systematised; but always voluntary; always the work of those who love their fellowmen. Charity administered by the State, indeed, ceases to be charity. We should have to call it by another name.

Relief, and help given to the poor grow and change and take various forms as the generations pass and the development of humanity slowly proceeds. First, we have the tossing of a penny to the beggar—that is something—it shows that the starving man may have a claim upon us. Next we have the saint sharing his cloak with this beggar—always, observe, there is the beggar. The conditions change, but always there is the outstretched hand and the hungry eye—sometimes admirably counterfeited—always the beggar. He is the leprous beggar, starving because he cannot work, loathsome with his dreadful sores: the saint washes him and refreshes him, and feeds him before he dies. He is the beggar with the withered limb: the saint takes him in and gives him his own bed. He is the sturdy tramp: the monks take him in, give him supper, a bed, and breakfast. Presently it occurs to someone that all such people would be better brought under one roof, and attended by skilful physicians and nurses: there we

get the lazar-house, the Hôtel-Dieu, the infirmary, the modern hospital.

In the pages that follow, the writer has so strongly put the case for hospitals that it would be foolish in me to add anything of my own. We must have hospitals: we must have Voluntary Hospitals: we must do something of our own free will—a thing that is not a tax—an offering, a tribute, a recognition of Lazarus as our brother. The cause may be pleaded on religious grounds: it is so pleaded, year after year, and not without effect. It may be pleaded on civic or national grounds for the advance of science, the discovery of things preventive and things curative: the stoppage of things contagious and infectious. It may be pleaded also on purely selfish principles, because the selfish Dives is safest in his luxury when the sufferings of the poor are alleviated by his hand out of his plenty. Charity by cheque may be a very poor kind of charity; but the motive concerns the giver: it may be left to him. The cheque may mean brotherly love and

pity: it may mean love of science and the advancement of knowledge: it may mean pure selfishness—a sop to the needy—something to keep him quiet. The motive concerns the giver. *But he must give.*

WALTER BESANT.

UNIV. OF
CALIFORNIA

SUFFERING LONDON.

CHAPTER I.

THE PALE SPECTRE.

"Cities are the open wounds of a country."

LONDON, a Subject of Wonder to Foreigners—Its Vivifying Influence upon the World—Intense Business Activity—The Street Traffic—Few Signs of Disease and Death—Behind the Scenes—The Closing of the Ranks—The Victims of Accidents—Masters and Servants—The Trains of the Dead—London, a Healthy City with Vast Numbers of Sufferers—The Hardships of Home Nursing—The Charity of the Poor to the Poor—Reasons for Low Mortality—Sick Children—The Sweating System, a Cause of Disease—Hard Work, not Vice, fills the Hospitals—Charity Quickened by our own Sufferings.

MILLIONS are born, live, and die in London without realising the significance of their surroundings. The average Londoner generally remains indifferent to the sights and historical landmarks of the Metropolis. He takes but a languid interest in its wonderful institutions, its gigantic movement, and

its world-wide potency. He is familiar with marvels of which distant nations read with astonishment, and spends his time phlegmatically amidst conditions which would put an intense strain upon the nerves of a foreigner. If London is a subject of wonder to every educated human being residing outside its boundaries, it is not because of its many square miles covered with bricks and mortar, and its teeming population. Nor is it because it is the capital of the greatest Empire in the world and the residence of an Empress. It is because London is the greatest centre of human energy. It is like a sun that sends forth its radiations into every corner of the habitable globe. From this colossal dynamo emanate the greatest, political, commercial, industrial forces, and these speed round our planet, quickening life and intensifying activity. The vivifying influences from London renew the life of flagging States and rekindle the impulses of whole populations. Messages of war and peace, administrative enactments, diplomatic devices, treaties, warnings, and threats go forth from the capital of the Empire to shape the destiny of the world. Able and brave Britishers, leaders of men, start from our Metropolis to protect commerce, advance civilisation, and widen the scope of human enterprise. The manifold and complex threads of finance centre in our city, and every great undertaking must court the support or gain the sanction of London financiers. All English-speaking races look to London for advance in science, literature,

painting, music, and drama. To them London is the dial which tells the hour of our civilisation. From London come the best things that money can buy, the highest good that culture can produce, the newest ideas, the latest crazes of the day, the whims of the hour, and fashions in vice.

No wonder that this agglomeration of energy should present a panorama of life and activity intense enough to strike the minds of strangers with awe and admiration. The universal sway exercised by London, as well as the unceasing exertion of its population, suggest an almost superhuman vitality and superabundant health—physical, moral, mental health.

Every morning pour into the city torrents of men whose looks and whose bearing mark them as eminently fit to carry out the divers aims on which they are bent. They rather suggest the units of one vast working-machine than so many frail sons of Adam. Each goes straight to his goal, and there is among them none of the careless loitering so noticeable in the streets of other European capitals. During business hours every man, every youth, and every boy is on the alert and up to the full bent of his nerve-power, doing as much business and accomplishing as much work in an hour as our forefathers would have scarce dared to compass in a week. This is made possible by the aid of telegraphs, telephones, tape-quotations, type-writers, and a host of other contrivances calculated to keep practical work

abreast with the thoughts of excited minds. When business is done and the tide of the human river runs backwards, the same intense energy is displayed. Every minute must be saved to prolong the enjoyment of home, sport, and conviviality. Grey-haired men, rather than lose five minutes, race like boys to catch their train, and the very time spent on the road is used to glean the financial or political news from the papers.

And the West End—what a perpetual swirl of human motion it is. Wherever you turn, activity and the redundance of health encounter you,—everywhere the bright faces of men, women, and children hurrying on to their various goals, now picking their way through the tangle of the traffic, now lingering admiringly over the multifold beauties of the shops. An endless procession of carriages, cabs, and omnibuses rattling through the streets, crowded trains rushing, here under the foundations of the houses, and there over the roofs. The open spaces of the suburbs are alive with sports and outdoor games. The river and the canals are made bright with smart rowing-boats and canoes. At night, miles of London streets are ablaze with illuminated shops, eager crowds struggle for admission to the places of amusement, the restaurants, *cafés*, public-houses are thronged, and all pleasure-supplying businesses flourish. Long before carriages and hansoms have borne the ball guests and belated revellers home, the heavy roll of market-vans and the crash of hurrying

milk-carts have begun: London never subsides into sleep.

Thus the great Metropolis of the Empire presents to the visitor and the superficial observer an ever-moving panorama which suggests nothing so little as disease and death. But the visitor and the superficial observer look at the shifting scenes from the auditorium; they see nothing of the complex, heavy, and often dangerous machinery which produces this grand effect of vigour and life; they have no idea of the amount of work, suffering, and sacrifice of human life needed to keep that machinery in motion. The world beholds with wonder the prodigious and potential activity of the smart business man, but the reaction which prostrates the overworked man, which deprives him of sleep, shatters his nerves, and sometimes unhinges his mind, are only witnessed by his family, his particular friends, and his doctor. When men and women fail to put in an appearance at the daily roll-call of work, they are speedily replaced by eager aspirants for their places, and the ranks are as complete as before. But those who are *hors de combat* are hidden in their homes and in the hospitals. The millions, each of whom fulfil so promptly and energetically their several functions in this huge system of co-operation, sometimes under fairly good, sometimes under exasperating and life-shortening conditions—all these, who appear so eminently fit for and identified with their occupations, hold their own

simply in obedience to the law of the survival of the fittest. When one falls the gap is instantly filled, and the weak ones fall early. Modern work, facilitated and accelerated by powerful machinery and ingenious processes, produces marvellous and pleasing results which we praise. But we say nothing about the dangers to health and life involved. The constant streams of injured workers that pour daily into the hospitals and dispensaries are only witnessed by those who attend to them. The smart shop-girls and barmaids who to the exacting customer have to appear perpetual automatons, warranted to work politely and cheerfully during, perhaps, sixteen hours out of the twenty-four, are made of flesh and blood after all. The manifold causes which, in addition to overwork, undermine their strength and sap their health, have lately been dragged out into the light by the press. Even in the comfortable English home things are not what they seem. The trim and healthy serving-maid is not trim and healthy because she lives in a big house, but she is allowed to live in the big house because she is trim and healthy. When her appearance and working-powers are impaired, either by accident or by the fault of her employers, she is either discarded as a used-up tool and returned on the hands of her generally poor relatives, or packed off to the hospital.

Thus, as is natural with human beings, the dazzling aspects of health and life are conspicu-

ously exhibited and eagerly contemplated, while disease, decay, and death are carefully hidden and ignored. The very hour when the sprightly ballet, the enchanting opera, the ridiculous comedy, are the centre of attraction, when the excitement of the gay ballrooms is at its height, the army of silent sufferers, often ill-cared for and sorely in want of the primary necessaries, are counting the dreary hours, hundreds are struggling with the last gasp, and the midnight trains, loaded with the dead, are stealthily leaving the great Metropolis.

In spite of fogs, smoke, and a capricious climate, London is by no means an unhealthy place. The soil on which it is built is eminently suitable to a crowded city. The system of drainage is certainly in advance of any town in the world. Broad thoroughfares traverse the populous districts; parks, squares, and other open spaces, have been reserved on all sides; and a superb, winding river divides the Metropolis in two halves. These hygienic advantages keep the mortality of London low enough to suggest that little sickness prevails. How London compares in this respect with other cities there are no statistics to show. But that there is an appalling amount of sickness and suffering may be gathered from the number of patients who have applied for advice and medical aid. The number of patients benefited by those medical charities, which participated in the grant made by the Metropolitan Hospital Sunday Fund, was 1,236,059. In this return

only new cases are included and many thousands of casualty cases are omitted. This means that one quarter of the whole population is benefited by the hospitals and dispensaries.

But figures can give no idea of suffering London. Healthy, hard-working, and gay London may be observed from the outside. But to study suffering London we ought to have the assistance of an Asmodeus, that "Diable Boiteux," who had the power to lift the roofs from the houses.

Most of my readers know what sickness is in the homes of the upper and well-to-do middle class. With the best medical attendance, trained nurses, plenty of space, and all the comforts and luxuries which money can buy, sickness, even in the wealthiest homes, is a calamity which is keenly felt by most of the inmates. The very day on which I pen these lines I hear of a home where two members of a family were simultaneously struck down by two different diseases, and where a devoted sister, in spite of every assistance in nursing and every precaution, has gone through such a period of anxiety and mental suffering that her hair has turned white in three weeks. Another member of the family, a young lady, during the same time, by the assistance she has volunteered and the sympathy she has felt, has so strained her nervous system that her life has been endangered.

When sickness can work such havoc where

there is an ample supply of all requisites, what must it be in the working-man's cottage, in the tenements, or in the crowded single room of the poorest? When it is the father of the family who is struck down, the source of supplies dries up the moment the demand for extra expenditure sets in. If the patient remains in the house his discomfort, his intensified pains, and the chances against his recovery go far towards counteracting the happiness of being nursed by his family. If there are children in the house, it would be almost impossible to secure the quiet which in many cases is essential to recovery. The daily work of the house, and the noises of the street would in any case be a serious drawback. The room would be sure to be small and ill-ventilated, too hot in summer, and in the winter too cold for want of fuel. The mental sufferings of the patient would tell considerably against him as he realises what a source of inconvenience and privation he is to his family, as he feels that his small resources are fast ebbing, and that every dose of medicine, any stimulant or delicacy he takes, involves a sacrifice upon his wife and his children. What they have to go through when they have to nurse a beloved patient in a small, crowded cottage, or room, only those know who have experienced it. The result is too often that when the wife has nursed the husband through an illness ending in convalescence or death, it is her turn to become the patient

When other members of a working-man's family

are laid up by sickness, the bread-winner, if of a sympathetic nature, is to be pitied almost as much. Working the whole day, watching at night, his small savings dwindling, his mind racked with the dread that the patient will succumb for want of proper nourishment and care, he is on his trial indeed.

The large amount of home-nursing undertaken among the working-classes would be impossible if it were not for the great charity of the poor to the poor. Some people call this charity want of thrift, want of foresight, prudent reciprocity, or else foolishness. But it seems blasphemy to call it anything but true, lavish, and unostentatious charity. If the contributions of the wealthy classes to suffering London were in proportion to the sacrifices of the poor for the poor, our hospitals would have manifold larger funds than would be required. To give a portion of their work, a portion of their sleep, and a portion of their scanty resources to their neighbours afflicted by illness, is not an exception, but a rule, among our working-classes.

The small mortality in the presence of so much illness and suffering in London is partly accounted for by the fact that a constant stream of young people keeps pouring into London in search of employment. There is, therefore, a very large population which has passed its babyhood and childhood—that is the stage which mostly swells the mortality rate—out of London. Nor does the majority of them die in London. Many of the doomed return

to their friends as the last chance of recovery. But London is the scene of their sufferings, though not of their death.

They have no homes in the true meaning of the word, but live in cheap lodgings, or the large establishments where they are employed. The long hours, the meagre living, the unhealthy dwellings, make them an easy prey to disease, and when on the bed of sickness, among strangers, with small resources, they are indeed to be pitied. They are the victims of a transitory stage through which our civilisation is passing. At a time when the commercial system had not superseded the feudal system in the country, what we may call the guild system prevailed in the towns. The apprentices and the craftsmen lived with their masters, and, in case of illness, were cared for by them. At present, under a highly-developed commercial system, all patriarchal responsibility has ceased. The employee is bound to the employer by a one-sided contract which allows the latter to act pretty much as it pleases him towards the people in his employ, and impaired health is often a reason for dismissal. The sufferings of this class are none the less intense because hidden under the veneer of gentility.

There is another class of sufferers in London—a class which cannot be reproached for the charity it receives—for their life depends on love and charity. I mean the children. If by any possible means the aggregate sufferings of the children of London

could be made palpable, if their feeble moans could be gathered into one mighty appeal for help, wealthy London would pause in the midst of its business and its pleasure, and be moved to compassion. Rich parents of healthy children, and parents who have lost a little son or a little daughter, would deem it a Christian duty, nay a privilege, to make the small sacrifices which would suffice to alleviate the sufferings of, and restore to health thousands of little victims of poverty and destitution. The child-patient who has tender but poor parents must suffer considerably more than the sick child of the rich, and the children of drunken and dissolute parents or guardians must, when ill, in their wretched homes, lead an existence and suffer agonies the very thought of which should mar the happiness of Fortune's favourites.

One of the unforeseen effects of the Factory Acts has been to drive many of those London industries which are carried on by the aid of little or no machinery from the factories into the homes of the people. The result of this is that the evils which were attacked in the factories have broken out again in the dwellings of the poor under greatly aggravated circumstances. A small dwelling which is made into a workshop, filled with material, half-ready and finished goods, and where the noise of sewing-machines and tools is going on early and late, is as unsuitable a place for patients as can well be imagined. Yet such dwellings are the only places where the victims of our vast sweating system can

nurse such of their sick as are not admitted to the hospitals.

Among the healthy and well-to-do of our nation an opinion prevails that poverty and illness in the lowest station of society are for the most part self-inflicted, and frequently the result of self-indulgence, especially in the matter of drink. The prevalence, as well as the stubbornness, of the opinion, is made manifest by the great trouble which is taken and the large amount of money spent in agencies, the objects of which are to elevate the poor religiously, morally, and æsthetically. Though it cannot be denied that in many individual instances drink is often the cause of poverty and suffering, it is patent to everyone who has really studied the working-classes that poverty and suffering are two great causes of drunkenness.

The cases which are treated in our hospitals show that the conscientious fulfilment of duty and the strenuous efforts to gain a livelihood produce vastly more illness among the working-classes than does vice. In our general hospitals and workhouse wards we find, besides those who have been the victims of accidents—the soldiers of labour who have fallen at their post—a great number of patients suffering from diseases which seem to dog the trades in which they have been engaged. There are overworked mechanics laid up with phthisis, bakers suffering from bronchitis, outdoor labourers racked by rheumatism and pneumonia, painters who

are martyrs to colic, domestic servants with diseases plainly traceable to their work, overworked operatives of all kinds, afflicted with paralysis in some form, discharged soldiers subject to aneurism. A great number of these can, with proper treatment, be cured; and those who are incurable have an extra claim upon our sympathy and our help.

Those who are acquainted with the manifold maladies under the care and treatment of the London hospitals, those who have witnessed the various forms of suffering by which the patients are afflicted, who have seen the haggard, careworn, pain-rent features, the distorted limbs, the many ghastly forms in which disease expresses itself—those who have seen these things must have asked themselves by what bountiful chance it is that they, unlike these sufferers, have escaped the scourge by which so many of their fellow-men are visited.

Amidst the business, the pleasure, the general hurry of London life, it is not wonderful if the spectacle of the pain-stricken and the fever-tainted population is rarely called to mind, if the groan of anguish that goes up to Heaven is not heard by men. "We learn in sorrow what we teach in song," has been well said by one of our greatest poets, and the majority of the healthy and the strong realise little or nothing of the trials and terrors of disease, and take little heed of how they are diminished or assuaged by those very institutions to which they themselves owe in a large

measure the sturdy health they enjoy. When their turn comes—and few men are spared such visitations —then it is that they realise the awful loneliness of their lot. Like the sufferers for whom they once had no thought, they dream through many a mournful hour of the mighty crowd, that, like a hydra-headed symbol of Self, moves on, amid laughter and song, unconscious of the pale spectres of the slowly dying.

CHAPTER II.

THE NECESSITY FOR HOSPITALS.

"In the sick air."

ENGLISH Practicality—Want of System and Cohesion among our Hospitals—Artificial Causes of Disease—Our Transitory State—How we court Disease—Conforts with Dangers—The Deceptiveness of Statistics of Railway Accidents—The Drain Monster under our Feet—Rivers turned into Sewers—Are the Beaches of our Watering-Places Tainted?—Neglect of Health in certain Trades—Victims of the Sweater—Mortality among Children—English Mothers Calumniated—Cramming the Brains of Starving Children—Child Insurances—Utopian London Far Off—Hospitals under Government or Municipal Control—Social Significance of Voluntary Hospitals—The Difficulty of Treating certain Diseases at Home—The late Influenza Epidemic—Government Hospitals a Feeble Bulwark against Pestilence—The Black Death—The state of London during the Plague—Consequences felt for Centuries—The Possibility of a Return of the Black Death—Preparing the Ground for the Seeds of Pestilence—Pestilence a Possible Consequence of the Coming War.

ONE of our national characteristics is our disposition to tackle the practical solution of problems without much study of theories. This trait, if analysed,

might be found to consist of love of work, the desire for gain, the spirit of self-reliance, and the dread of dependence and poverty. Our commerce, our industry, our colonies, and the whole Empire all bear the stamp of what we may call English practicality. Foreign industries are often the result of much theorising, schooling, artificial State protection, and elaborately constructed plans. In England most of the large industrial undertakings have grown out of small beginnings, and have often been started by working-men with hardly any knowledge except that gained by experience in a trade. Not many years ago there was many a large employer of labour in England unable to write even his own name, but perfectly capable of highly improving his products and of inventing complicated machinery. Government technical schools on the Continent, and particularly in Germany, are numerous and highly developed, while in England there is just now a great outcry about the want of such schools. This does not prevent a large number of German manufacturers from employing English managers and English foremen as the only means of competing with the practical English manufacturer. The whole of our Empire is the outcome of spontaneous action and practical expediency, called forth by the necessity of the moment. It has not been constructed on the plan of any sovereign or minister, and at this moment it hangs together without any system. Though it

is acknowledged that a system is needed, neither Parliament nor the Imperial Federation League are able to devise one. Nevertheless, each Government makes a practical addition to our possessions.

Our Voluntary Hospitals are the result of this same characteristic of ours. There was a want to be met, there were generous impulses prompting action, and the result was our Voluntary Hospitals. As with the parts of the Empire, they lack system and cohesion.

The gradual growth and slow development of these institutions, each meeting a special demand as it arose, has caused us to regard them as natural appendages of civilised society, and prevented us from realising how indispensable they are.

To consider the present amount of hospital accommodation and medical aid as indispensable under any circumstances, would be to take a despairing view of humanity. That it is now indispensable and largely insufficient nobody will deny. But this London of ours, taken as a whole, can in no way claim to be considered as a model community. Without being a devotee of medical science I have no hesitation in expressing my belief that, at least, nine-tenths of the maladies and casualties of the people of London are preventible, and produced by unnatural causes.

There are many examples of savage races who live a natural, though by no means an exemplary life, and who are remarkably free from disease.

Even in our capricious climate there are plenty of instances to prove that long, healthy lives result from favourable conditions. Thus, the longevity of the clergy is a case in point, irrespective of the fact that even among them there are many who impair their health and shorten their lives. The extension of the average life of the British people, through improved hygiene and advance in medical science, shows that disease has been checked, but it does not tell us yet what may be achieved in that field. Why should not the ultimate end of civilisation be to attain, by means of knowledge, training, and social institutions, to as good results as the ignorant and isolated savages enjoy.

But, though we advance, we are as yet in a transitory stage, and probably far even from that highly improved condition of things which our present knowledge allows us to conceive. Science is beginning to show us where the dangers to health and the causes of innumerable diseases may be found, but we have hardly begun to take heed of its warnings: nor shall we be able to do so until certain remedies and easy modes of prevention are discovered. Our manner of living is not calculated to improve our health. We live too much indoors. We are awake when we should be sleeping, and sleeping when we should be awake. Few of us take anything like sufficient exercise. Necessity or ambition causes us to over-strain both body and mind. Care and worry are with us night and

day. Our food is unsuitable and often taken at the wrong time. Our drinks are more stimulating than wholesome. Our dwellings are imperfectly ventilated, and their temperature irrationally regulated. The intense competition in trade has led to a marvellous system of adulteration in food, drink, and even medicine, against which we have not learned how to defend ourselves. Even the wealthy *gourmet* does not know what he swallows when he imagines himself to be drinking wine. The real wines are often doctored and coloured by dangerous poisons. Our clothing, our carpets, our furniture stuffs, contain aniline, arsenic, and other chemicals which are either dangerous to the touch, or pollute the air we breathe.

Many of the comforts and time and work-saving appliances of modern life can only be enjoyed at the risk of serious accidents. The enormous traffic of London causes hundreds of thousands of accidents and deaths during the year. Revolver and gun accidents are frequent, as we know from the papers. Leaking gas-pipes cause explosions, and the death-roll, for which that new agent, electricity, is responsible, is already considerable. Each severe frost brings its crop of boiler accidents. Paraffin lamps continue to explode, despite the many patentees who claim to have made them safe. Every day or every night there are fires, many of which lead to frightful accidents and often death.

Our railways are the cause of a vast number of injuries to life and limb, though everything connected with them has been brought to a high pitch of improvement. The yearly statistics of accidents on the lines are calculated to mitigate our fears: for when we find that out of seven millions of passengers only one is killed, and out of about half a million one is injured, each of us seems to have a fair chance of escape. But this view does not tally with the fact that so many of our friends and acquaintances have been in a railway accident, and many of them in several. The explanation of this apparent contradiction is easy. The millions of travellers on which the percentage is reckoned are, in reality, only so many journeys, and those who travel twice a day and more must, if they want to know the risk they run, multiply the number of deaths and accidents given by the statistics by about 600. The man who travels in this fashion during thirty years must multiply his risk by 1800, and, if we take for granted that in each railway accident ten per cent. of the passengers are injured, 18,000 must be his multiplication, if he wishes to arrive at the risk he runs of being in a disaster. It is therefore not surprising that so many of us are sufferers, notwithstanding the reassuring character of the statistics. The moral of this is: buy an insurance ticket when you travel, and, above all, subscribe liberally to the hospitals.

The large masses of people gathered together in a huge city like this are exposed to constant

attacks from those insidious, unseen enemies the bacteria. The more we learn about the origin and spread of disease, the more easily can we conceive that London, with its dust in the streets and roads, its ash-pits behind every house, its fogs and its smoke, must offer enormous facilities for the ravages of bacteria. The ground under London is honey-combed with drainage-pipes, large and small, measuring thousands of miles. Each mile of drain is charged, sometimes at high pressure, with poisons sufficient to kill hundreds of the healthiest men. It is enough to make us shudder to think that only a few feet divide us from a gigantic death-dealing octopus mighty enough, if freed, to destroy us all. Like Frankenstein, we have created our monster which haunts and dogs us, ever ready to force its poisonous antennæ through the tiniest crevices left open by careless workmen, or produced by the tooth of time. We are forever imprisoning this monster by means of brickwork, pipes, and water-traps; but we are not always successful. Every year it claims numerous victims from all ranks. Even Royalty has not been spared.

In London, many of the small tributaries to the Thames have been converted into gigantic sewers, and their contributions tend to turn our beautiful river, already polluted by other towns and villages, into one vast sewer. Thus, our helplessness in face of the drainage problem has changed the

river Thames, which should be a source of health and pleasure to Londoners, into an agency of disease and death.

Legislation against the pollution of our rivers, though of momentous importance, makes no headway. It is surprising that we, the English people, who consider ourselves to be of specially cleanly habits, should regard with equanimity the sad plight, in which the inhabitants of many a town find themselves, who have to wash in, bathe in, cook in, and even drink the water from a river into which several other towns pour their sewage. To all of us it is revolting to think that our rivers should carry such a mass of uncleanliness into the sea, and poison the water around our coasts. Scientists tell us that the ocean is the great purifier of our globe, and that it does not become defiled. Let us hope they are right. In the meantime, bathers at several watering-places complain of the presence of sewage in the water; and if among the inhabitants of these localities there were such an "Enemy of the People" as Ibsen's zealous Dr. Stockmann, we should very likely hear more about this.

So far, we have only considered those causes of suffering and disease which attack Londoners of all classes, rich and poor alike. The working, the be-sweated, and the out-of-work classes are not only exposed to all these evils in an aggravated degree, but their ranks are decimated by maladies and accidents arising out of the special conditions

of their lives and occupations. There are a number of trades in London, as well as all over England, which are peculiarly unhealthy. There can be no doubt that in such trades the precautions recommended by scientific men are sadly neglected. It is only justice to say that this is as often as much the fault of the men as of the masters. No man is compelled to work in unhealthy workshops, but competition for employment leaves workers little choice. In many cases, the precautions cannot be taken without some expense, and in others, the only excuse for neglecting them on the part of the men is that they cannot be bothered. Can it be that their lives, the old age they might look forward to, offer so few attractions, and so they become callous and even negligent? Be the causes what they may, the fact is there—in London many trades are carried on which bring disease upon the workers.

The sweating system undermines health in many ways, of which most of us have heard. A most serious matter is the bad effect which the long hours, the severe application to work, and the unhealthy rooms exercise on the female workers. Whoever has been to the city must have noticed the pale, undersized, narrow-shouldered girl, who carries a huge parcel of finished goods or materials. Her eye is dim and drowsy, circled by a dark ring; her face is thin and fallen; her skin is sallow and waxen; her lips are thin, and of a sad and weary

expression; and her gait has lost all the elasticity of youth. Such is the type of thousands of young girls destined to be the mothers of future generations. Even before marriage they have little strength to resist sickness and disease, and, when they become wives and mothers, they too often lack the stamina required for the trials they have to face.

The appalling statistics of mortality among children, so humiliating to Englishmen, indicate that many causes are active in producing suffering and death among the helpless little ones. Insufficient food and insufficient clothing are the normal state of a vast proportion. Coroners are constantly hinting that neglect, sometimes wilful, has been a greater factor in the investigated tragedy than is admitted. If all we hear on this subject be true, child murder in England might be thought as common as in China. But we must guard ourselves against believing that all we hear is true. Generally speaking, the poorest English mother is as fond of her child as the wealthiest lady, and when we regard the condition under which those classes live, among whom the mortality of children is the highest, there are sufficient causes to account for it all, without imputing infanticide to the mothers. What probably has led many people to such imputations is, that among the London poor there are strong temptations to regard child life with indifference. The system of baby insurance renders the death of their children a source of income to the

parents. The difficulties of rearing delicate children at home are so great as to make it probable that the parents leave the matter to be worked out by the law of the survival of the fittest. The modern thoughtless legislation with regard to children, which forbids them to earn money, even when such earning is their only chance of a meal, and which compels the parents to send them to school under difficult circumstances, has done much to make children a heavy burden to their parents. Our national educational system is compulsory, and as all compulsion, if it is to be bearable, requires a considerable amount of sweetening with State charity, the abolition of the school pence was a tardy justice to the children, which ought to have been simultaneous with the compulsion. But, while an evil has been removed which wounded the feelings of the children, one remains which injures the minds and the bodies of the poorer—namely, the system of "cramming" on empty or under-fed stomachs. Without being an expert in medical science, I think it safe to say that this cruelty by Act of Parliament is calculated to produce ill-health in the victims, both during childhood and in after life.

Lastly, I must express my belief that the teaching, or shall I say the misinterpretation of the teaching, which is common with preachers of many denominations, gives rise to suspicion against parents. This teaching is to the effect that the child which dies while innocent is, when once

baptised, sure to go to Heaven, while by far the great majority of grown-up people are sure to suffer eternal perdition. When mothers realise that their children are doomed to grow up in squalor, surrounded by vice and bad examples, exposed to strong temptations, and consequently extremely likely to follow the crowd on the broad way which leads to eternal flames, what is more natural than that these mothers with their unsophisticated way of accepting religious teachings literally should, despite their better instincts, look upon death as the best thing that can happen to a child? Depend upon it, some such ideas are often at the bottom of the saying we hear at times from mothers, "I hope the Lord will take him;" words which set the ungenerous thinking of the Insurance Company.

We thus find that this huge metropolis, far from employing such means as science can supply for the prevention of such evils as our flesh is heir to, evolves an appalling number of artificial causes of ill-health and physical suffering. Habits, traditions, prejudices, selfishness, ignorance, vice, poverty, absence of legislation, wrong legislation, and over-legislation — all these factors are busily at work among Londoners in producing a plethora of patients for our hospitals and dispensaries.

Such artificial means as are being employed to promote health counteract only a very small proportion of the sickness produced artificially by the above-named factors. Nobody will deny that our

hospitals and dispensaries are the most useful and necessary of all palliatives in cases of disease, arising both from natural and artificial causes. A time may come when London will stand less in need of hospitals, and when Nature alone will be responsible for physical suffering among the inhabitants. But we are very far from such a state of things at present, for it can only be attained through far-reaching economic, financial, and social reforms. So far we are hardly in the right groove yet: for the present tendency is to combat isolated results, to disguise and hide effects and suppress tell-tale phenomena, instead of attacking causes. Nor are the legislative attempts of a nature to inspire much hope of good: for we are apt to pass bills more calculated to fall in with the prejudices of voters than to really accomplish the desired object. While we are scientific and systematic in everything else, we legislate in a hap-hazard fashion, with a lofty disregard for first principles which will astonish posterity. Utopian London is, therefore, far off, and while its population goes through the slow process of education by experience, purchasing every inch of progress at the price of an immensity of suffering and the loss of thousands of lives, the existence of our hospitals and dispensaries is a necessary condition for the rational working of our social system.

The admirable aid which our Voluntary Hospitals ungrudgingly give, to all comers within, of course,

the limit of their means, allows our working-classes to face the troubles of life with more resignation than would be possible without them. If we had not our Voluntary Hospitals we should probably have to fall back upon such institutions as exist in most Continental countries—namely, pay hospitals, into which a limited number of free patients are admitted. In these institutions, most of which are under Government or Municipal control, the patients are generally divided into three classes—namely, fully-paying patients; patients who, by an appeal to their self-respect, are induced to pay as much as they can; and patients who pay nothing at all. Those who are acquainted with official management in general can easily imagine that the treatment, the comforts, and the diet of the inmates are of varying quality, the best for the rich, the worst for the poor. The result of this is, that the free wards are anything but an attractive refuge for the poverty-stricken sufferers, and that a strong prejudice exists against hospital treatment among those who cannot afford to pay for it. If such hospitals were the only ones in London, our working-classes would strive to avoid them as they strive to avoid the workhouse. The great majority of patients would be nursed in their homes, and the discomfort, misery, and suffering among the working-classes would be greater in proportion. Besides, fevers and all infectious and contagious maladies would be considerably increased.

It is, therefore, certain that without our Voluntary Hospitals the political discontent of the masses would far exceed its present degree of intensity. As the political power is now vested in the labourers, a state of things calculated to produce exasperation among the working-classes might well exercise a baneful influence upon the destiny of the country. Our Voluntary Hospitals are, therefore, among the most reliable safety-valves which, during our painful social evolution, avert catastrophies which might otherwise result in the devastation of the country. Few arguments indeed would more tend to deter working-men from joining in onslaughts upon freedom and capital, than the dread that in case of anarchy the hospitals would disappear, and in case of Socialism that the hospitals would be in the hands of the bureaucrats.

Nothing better demonstrates the necessity for hospitals than the many great difficulties which stand in the way of nursing patients through certain illnesses in private homes. Typhoid fever, for example, even in moderately severe cases, may extend over five or six weeks, and the term of convalescence may extend over the same period. And typhoid fever is, unfortunately, very common among Londoners. This is not astonishing when we consider the drains under our feet, the water we drink, the state of most cisterns, and the insidious manner in which most of the so-called water filters spread disease. In the working-man's family where the pre-

caution of boiling water is not taken, and where seldom, if ever, efficient water-filters are found, the proportion of typhoid fever cases is very large. The supply of milk is frequently the cause of numerous cases of typhoid. There have been instances which prove that a farmer can produce typhoid fever throughout whole streets, simply by watering his cattle in stagnant and foul pools. Nor can the milk supplied from cowsheds in towns be relied upon. In many of these close and low-roofed sheds the poor animals are crowded together, having hardly room enough in which to lie down. The poorer the family, the more it is, of course, exposed to the dangers of typhoid. The cost of private nursing is above the means of most labourers. The patient should be seen by the doctor at least once or twice a day for many weeks, and during the stage of convalescence at least twice a week. In typhoid fever intelligent nursing is half the battle, and errors in nursing might easily aggravate a case or kill the patient. The strictest diet is absolutely necessary, and the food required by the patient is expensive. Without the hospital an attack of typhoid fever would cost the working-man, if he had to pay the expenses himself, from forty to fifty pounds, which would, of course, spell ruin.

The general hospitals of London, excluding the Poor Law infirmaries, receive yearly about three thousand patients suffering from typhoid alone.

Rheumatic fever is apt to last even longer than

typhoid fever. Including the period of convalescence, its duration is from six weeks to six months. The London hospitals treat from five to six thousand of these cases annually. An attack of rheumatic fever is a calamity to anyone, especially a working-man. Excruciating pains for days, and perhaps weeks are often not its worst feature. It frequently affects the heart and exposes the patient to future attacks and complications. A young or middle-aged man may rise from his sick-bed apparently twenty years older. Treatment of such a disease in the small homes of the working-classes would involve a terrible amount of suffering, and the sacrifice of several hundreds of lives.

Pneumonia and bronchitis patients are treated to the extent of nine to ten thousand annually in the London hospitals. It is a well-known fact that in cases of inflammation of the lungs and bronchitis, plenty of fresh air is required. An atmosphere containing impurities and limited in the supply of oxygen is simply poison to the patient. It can therefore be easily imagined how severely it must tell against the patients to breathe the air of a small sick-room in a tenement or cottage in the midst of a densely populated neighbourhood. In this disease a trained nurse can never be safely dispensed with.

The number of accidents alone in London appeals strongly to the generosity of everyone who feels for the sufferings of his fellow-beings. Those

treated in the London hospitals, including the suburban ones, must be estimated at from two hundred and fifty thousand to three hundred thousand. In one hospital alone 20,766 cases were treated during last year, of which 1,297 were accidents of a serious nature.

We have abolished quarantine, and allow ships, cargoes, and even passengers from infected ports free access to our country. In doing so we rely on the excellence of our hospitals, and the sanitary system which they have been so instrumental in promoting. Should any devastating epidemic find its way into the country, we are supposed to be fully equipped to meet it. This would certainly not be the case without our Voluntary Hospitals. The last influenza epidemic put our hospital accommodation and nursing institutions to as hard a strain as they could well bear. As a matter of fact, influenza patients should not go to the general Voluntary Hospitals. Yet complaints were rife that they could not receive the patients, and that nurses could not be had. Influenza is after all a mild epidemic compared with the terrible scourges which sometimes affect humanity. That Government hospitals are poor bulwarks against such invasions is proved by the ravages of cholera in such quarantine-protected countries where Voluntary Hospitals are scarce or non-existent.

The experience of our forefathers teaches us to what dangers a big city is exposed when hospitals

are insufficient, sanitation is defective, medical science is undeveloped, and nursing is irrational. The horrors of the Black Death which visited London in the fourteenth century have often been described. There are some who flatter themselves that we are too civilised, or that we stand too well in the books of Providence, to be again visited with such a scourge. This may one day prove a delusion. There can be no doubt that the want of hospitals, of scientific knowledge, and of nursing in the olden times, greatly facilitated the spread of the Black Death. A writer, dealing with this subject, says:

"There were no hospitals in those days, no buildings in which the plague-stricken could be separated from the healthy, no floating vessels on board which they might have the benefits of uncontaminated air; above all, no scientific physicians who understood the nature of the terrible problems to be solved, and no trained nurses; in short, no effective means of any kind for dealing with so ruthless and devastating an enemy. Physicians, priests, and people alike were paralysed by the overwhelming flood of pestilence. Those who felt themselves attacked fell down in intolerable anguish and despair where they were seized. We can picture the terrible scenes; the narrow and undrained streets and roadways choked with plague-stricken forms: the wretched houses with their filthy rooms filled with the curses of the living, the groans of the

dying, and a horrible stench from the dead, which carried the fatal poison into the veins of all who inhaled it. But no words can approach a realistic description of the horrors of such a time. Yet it is but five hundred years since all this happened.

"It is often taken for granted, even by intelligent persons, that a fatal epidemic bears down like a flood upon a devoted population, and passes away, also like a flood, in a few days or weeks, leaving no traces behind. But the very opposite is the actual truth. The Black Death visited England in 1342, and remained to scourge and terrify the inhabitants for six years, until 1348. Even that was only a small part of the horrors which followed in its train. The general effect of that terrible visitation can only be described as a collapse of civilisation for a period. Hecker, indeed, affirms that the consequences have continued to be felt for centuries; that a 'false impulse' was then communicated to civil life, which in England has extended even to modern times.

"One might suppose that such a visitation would be eminently favourable in its after consequences to religion and public and private morals. The truth, however, was that for a long time morals and religion were utterly paralysed and destroyed. Over large tracts of country the churches were entirely deserted, and public worship was no longer carried out. The schools shared the fate of the churches, and education ceased to be desired. Ignorance, grossness, barbarity, and animal selfishness every-

where prevailed. With a touch of grim humour Hecker tells us that one class alone prospered in the midst of the general degradation. Those were the lawyers of the period. 'Covetousness,' says the chronicler, 'became general; and when tranquillity was restored the great increase of lawyers was astonishing, to whom the endless disputes regarding inheritances offered a rich harvest. The sittings of Parliament, of the King's Bench, and of most of the other courts were suspended as long as the malady raged. The laws of peace availed not during the dominion of death.'

"The practical business of life, as well as its religion and its law, was for a time almost entirely suspended. The amenities of civilisation were forgotten, and the restraints of public opinion ceased to operate. The lowest and worst passions of men came uppermost, and were indulged without let or hindrance. England became practically a savage country for several years. The fields were in many places untilled, and the cattle, for want of herdsmen, ran wild in the forests and on the hills by tens of thousands. The whole country was thrown backwards in its development by a period of years which cannot be computed. 'At the commencement of the epidemic,' says the historian, 'there was in England a superabundance of all the necessaries of life; but the plague, which seemed then to be the sole disease, was soon accompanied by a fatal murrain among the cattle. Wandering about without herdsmen, they

fell by thousands ; and the birds and beasts of prey are said not to have touched them. In consequence of the murrain and the impossibility of removing the corn from the fields, there was everywhere a great rise in the price of food.' The wholesale destruction of the cattle and the crops, following so closely upon the devastation and death which everywhere accompanied the epidemic completed a picture of desolation and ruin of which adequate description is impossible.

"It is necessary to recollect what has already been stated, that all this happened little more than five centuries ago. Compared with many of the prominent facts of history, the Black Death was quite a modern event. The writer does not hesitate to say that such a visitation ought to have been impossible. It could not have happened except in the complete absence of hospitals, nurses, and scientific medical resources. It was a disgrace to the civilisation and science of the times. Nothing more convincingly shows the poor mental capacity of the average man than the miserably ineffective way in which the approach of the epidemic was met. The physicians capitulated at the first appearance of the enemy. The priests were powerless, and the public authorities might as well have been non-existent. The plague took absolutely its own course, exactly as it would have done in the Britain of the Druidical period, or in the most savage regions of the Darkest Africa of to-day."

It is to be fervently hoped that our country may be never again visited by a Black Death. But who would be bold enough to say that it could not happen? Thanks to our Voluntary Hospitals and the improvement that has followed in their wake, we may be said to be prepared to grapple with any pestilence that may arise amongst us or invade us. But can the same thing be said about the countries with which we are in daily communication? Even such an epidemic as cholera, which the medical men of Europe have had so many opportunities of studying, cannot be effectively met in most of the Continental States. What would the condition of things be in Europe if the East were to send us a new pest, or one of the old ones which we know only by tradition?

The fact that the Black Death and other fearful epidemics have raged before, proves that they may rage again. Whether the varieties of bacilli are limited like the elements, or whether they develop and increase by evolution, has not, I suppose, been ascertained by scientists; but, to judge from observation, it appears probable that new conditions and new habits are capable of producing new diseases. And in the state of intense activity and strain in which we live, with the new powers we are constantly acquiring over the forces of Nature, and under the peculiar circumstances of our modern industrial system, we are continually traversing unexplored regions of which the past experience of

mankind can teach us nothing. Might it not be that in this vast Metropolis we are unconsciously preparing the ground for the seeds of some new or ancient pestilence? In the East End and other parts of London, especially where the sweating system flourishes, we foster a population whose physique and condition of life are calculated to make the people an easy prey to epidemics. Matters are not improved by hordes of immigrants from the very country which always sends us our plagues.

To judge from the political horizon there is every fear that we are on the eve of events which might well expose us to greater risks of pestilence than we have run for centuries. The great military Powers of the Continent are actually preparing for a war which, if it breaks out, will be more terrible than any yet recorded. The alarming part of it is that the concentration of troops will probably be in Hungary, Russia, and Poland, where the sanitation of the towns and villages is appallingly defective, and where epidemics always find a congenial soil. Larger numbers of troops than Russia ever mustered before will be brought together, and their camps will be formed with the usual disregard for the crudest notions of sanitation. For it is a deplorable fact that the bureaucratic conspiracy which rules the Russian Empire, and the leaders of which constantly aspire to the conquest of new territories and the subjection of other nationalities, are, with regard to government and administration, too incapable to

protect the Russian peasantry from death by starvation, and the Russian soldier from camp fever. When half a million of Russian soldiers and Cossacks are herded together, the result will be the same as during the last campaign—that the Czar and his staff will have to give the camp a wide berth in order to escape infection. If the Russian army were to remain a long time in the field, Europe should prepare itself for dangerous epidemics.

The battlefields of the threatening Eastern war will probably testify to the efficiency of modern death-dealing appliances. We shall have battles raging for days over extensive grounds, hurried and disorderly retreats, desperate pursuits, and, consequently, miles of country strewn with carcases and corpses.

Who would wonder if to this tragedy Nemesis were to add her epilogue—pest!

When in the daily papers we read that the intrigues and machinations of those conscienceless diplomats of the Eastern Empire, who still carry on their polities after the criminal manner of the Middle Ages, tend towards war, we should remember that the heat of the Eastern summer may generate from the neglected battlefields in Poland and Russia billions upon billions of bacteria destined to be wafted all over Europe and to reach our coast—and that our best self-defence, indeed our surest safeguard against their ravages, is a liberal support of our hospitals.

CHAPTER III.

OUR HOSPITALS.

"On va un peu au ciel, mais beaucoup a l'hôpital."

HOSPITALS from the Outside—The Spirit of Charity—The Great County Families—A Populous and Flourishing District—Benevolent Governors—Expenditure and Income—The Duty of a Citizen—Our Great Voluntary Hospitals—Heaven's First Law—The Hospital Kitchen—The Wards—Elements of Brightness in Hospitals—The Visiting Day—The Children's Ward—The Variety of Cases—The Work of the House-Surgeon—The Work of the House-Physician.

OUR hospitals, looked at from the outside, convey little to passers-by, either as to their work or their needs. To the general public they are known for the most part as landmarks by the way, or as only part and parcel of our huge thoroughfares. What are the objects they attain, what methods they employ for their attainment, what means they may have with which to carry out their aims, how far they succeed, or how far they fail: these are questions which few ask themselves, and still fewer are competent to answer. Yet Londoners pass by a hospital on an average every day in pursuit of their

various avocations. They have probably observed the Brobdingnagian writing on the wall, "Supported by voluntary contributions." They have noted that outside the portals is a box, with an inscription soliciting donations. They have observed a knot of ill-clad, pale-faced men and women, waiting to be admitted to the out-patient department. They have seen two men shouldering a stretcher, upon which may be descried the outlines of a human form through the scant covering which has been thrown over it. They encounter nurses in their picturesque uniforms, grave-faced doctors, intent on their divine mission of relief.

All these are familiar scenes enough; but how do they affect the majority? How many of us can say that they have moved us to compassion and led us to contribute to those institutions? How many of us have been so far stirred as to pay a visit to the hospital, the exterior of which we know so well? How many of us have taken the trouble to even enquire whether the hospital of his district be rich or poor? To how many of us has it occurred to offer our services in carrying on the administration? Few of us indeed. Yet such a state of things cannot be ascribed to apathy, inability, or selfishness. The spirit of charity is in most of us; but to the Londoner, as he lives his busy life, few concerns save his own are any business of his. In the provinces we find people taking an intimate interest in their local hospital, contribut-

ing to its support with both money and services. But the hospitals of London may be said to owe their maintenance to a handful of its citizens.

The position of affairs is largely due to the fact that Londoners are misled by their impressions, that they take for granted that because a hospital stands where it does, and continues to do its good work from month to month, and year to year, it is flourishing, and needs no such small help as they could afford. This is notably the case with regard to those hospitals which occupy a conspicuous place in our busiest and most flourishing thoroughfares. There is one of these institutions, for example, standing midway between two royal palaces: it is bounded by the mansions of the wealthiest. Rank and fashion are forever streaming past its doors, and it faces one of the chief pleasure-grounds of the world. The bare truth of the matter is, that though more favourably placed than many of the London hospitals, it is the recipient of little spontaneous support, and its history for many years may be summed up as one long struggle for existence. It is a fact, and one over which we may well pause, that many years ago some attempt was made to discover in how far the denizens of so wealthy a neighbourhood contributed to the support of this admirable institution, and among other things that came to light it was found that only three dwellers in one of our most fashionable squares were among its subscribers. The explanation is this. The

great county families subscribe handsomely to their County Infirmary and other local charities, and when they come to town for the season they find a thousand claims upon their money. They should, however, remember that in their quest of pleasure they are often the indirect cause of sickness and casualties among those who cater for their enjoyment, and that when themselves in London, stricken down by disease, the medical aid and the nursing so necessary to them are an outcome of these charitable institutions.

Let us take another case. There is a hospital, which occupies a prominent place in the very centre of a scene of almost unceasing activity. To this point flock from all parts of the world the envoys of the nations. From this district emanates the legislation which is to affect the interests not only of the whole country, but through the example set by the fatherland, the whole interests and destiny of the Empire. Almost within sight are gathered daily during the session of Parliament, the most powerful and most popular men of the day. Near at hand stands an ancient Abbey with its staff of clergy ever ready with their tender care for the souls of men. Here are the great Government offices with their gigantic network of official routine, and radiating from an imposing broadway are thoroughfares of huge buildings crowded with workers from early in the morning till late at night.

One might well suppose from the importance of this famous vicinity, from the magnitude of the undertakings, and the prestige and character of the various workers, that an institution for the sick occupying so conspicuous a site, would not suffer neglect. Yet the hard battle which a hospital has to fight in order to fulfil its high and humanising mission, is not unknown even amidst such apparently favourable surroundings.

If we take other institutions less conspicuously placed, we find a similar, and, in some cases, an even worse order of things. For example, there are hospitals, situated in populous and flourishing districts, the residences, if not of the plutocrats, at least, of prosperous citizens, whose money-making powers are largely dependent on their enjoyment of sound health. It would be interesting to know how many of them are aware that one hospital alone has treated no less than over 44,000 patients during the current year, that its expenditure, like that of many another hospital, is in excess of its income, and that unless those for whom it does so much come speedily to its aid, it will again find itself obliged to encroach upon its not too plentiful capital. There must be few who realise these facts, as well as the sore need this particular institution has of the ventilation so important to the progress of its inmates towards health. It occupies a relatively small portion of a self-contained site, a site surrounded by streets, the whole of which

ought to be placed at the service of the hospital, so as to secure the necessary supply of air and light. At another hospital, not far distant, benevolent governors have gradually acquired a similar site for the work of their institution, and at yet another, the same work is now in progress. But in many cases the cost is so great as to be almost prohibitive without the aid of the millionaire.

Another hospital, one of our most handy receptacles of broken limbs, which stands within sound of one of our busiest West End thoroughfares, it might be well supposed, could not fail to be at least in a fairly flourishing condition. But if those who are familiar with its exterior will take the trouble to investigate the latest report of its affairs, they will discover that its expenditure is £14,924, and its total income is £8,894.

In the case of another hospital, in a not less central district, we find a similar state of things. There is an annual expenditure of some £17,000, and only a total income of about £11,000 with which to meet it.

A long list, indeed, might be made out of those hospitals which, having all the air of prosperity, are far from prosperous. Such a list, in fact, exists, and those whose interest I may succeed in awakening in this great question should glance through the pages of the "Appendix." There they will find a story of deficits which should arouse

in them that spirit of citizenship which tells every waking conscience that to do nothing outside the narrow circle of your own little life is not to know how to live, is not to perform the common duty of a citizen, and, consequently, when that last and unknown of all experiences comes—not to know how to die.

Those who know nothing of all this, those who are merely acquainted with the names of the London hospitals, their outside appearance, or are fitfully reminded of their existence by the sight of some victim of our bewildering street traffic, would do well to pay a visit to some of these institutions. They would then see for themselves what great humanising work is achieved for their own good, as well as for the good of their fellows.

What strikes one above all things in going over any one of our great Voluntary Hospitals is the quiet and unobtrusive method with which the stupendous work of these huge buildings is done. There is absolutely no fuss. All is silently got through as if by the agency of some invisible hand. The responsible heads have clearly realised for themselves, and act upon it as the foremost rule of their code, that order is Heaven's first law. The effect of all this is impressive in the extreme. To pass from the crowded, bustling streets, with their whirr of wheels, into the noiseless atmosphere of spacious wards, seems like a taste of peace after war.

Like true Art these quiet wards bear all the strength and grandeur of repose, and the impressions they call up lift the spirit into a wider and loftier world.

Few things in this life of ours are more touching than the sight of these wards, where suffering wanderers find a resting-place. Here, whatever ails them, they are, if not completely restored to health, always relieved. To the majority, the food they eat and the shelter they receive in sickness is far better than what they have experienced in health; for the poor and the struggling have been always, and are, the majority. And to many who have rarely met with human sympathy and kindness, but have been beaten and buffeted through their purgatory of a life, the gentleness and generosity they encounter must be like a foretaste of that Heaven of which they have dimly dreamed. For in our Voluntary Hospitals patients are received and looked after with a tenderness and a care which, to those acquainted with Government-regulated institutions of a similar kind, form a striking contrast. They are not there as subjects for scientific experiment, and, save for the regulations which administration on a large scale render imperative, they are as free and as well cared for as in a wealthy home.

Many people, who judge by first impressions or superficial signs, are disposed to imagine that the many applicants who seek advice often meet with a scant welcome. It has been often remarked,

for example, that it is not right that the out-patients who crowd the hospital door should be kept waiting so long as they sometimes are. But it should be taken into account that stated times for the reception of patients are fixed, and that each individual of the knot of pale-faced men, women, and children that lingers for an hour or more at the threshold before the appointed time is there of his own choice—is there in the hope of being the first to be relieved. It would be as ridiculous to censure the managers of the theatres for the often obstructive crowd of pleasure-goers outside the pit and gallery entrances of places of amusement, who take their stand with the intent to scramble to a front place, as to blame a hospital for not instantly admitting the sufferers. The attention they receive, when they pass one by one through the hands of surgeon or physician, must have struck all who have witnessed the spectacle. Many of the patients of course are disposed of in a couple of minutes, but in all cases their complaints are correctly, if speedily, diagnosed, and they are given the advice or the aid they seek. Rapid decisions must be the order of the day where the man of science has to deal with nearly a hundred patients in a couple of hours, and if at times there is the indication of curtness, it is merely apparent, and the curtness of a friend whom time will not allow to indulge in the graces of courtesy. The almost miraculous power of summing up the evidence in disease in the out-patients' department

of a great London hospital—and, above all, in the special hospitals—is a sight not to be missed by those who would study the feats of modern science.

Another interesting department is the kitchen. Were you taken into one of these without knowing the history of their handiwork, you might imagine that here was the source of supplies for a household of fastidious giants. Everything is on an enormous scale. The battery of huge cauldrons, pots, and pans, might serve as, what the theatrical people call, "splendid properties" for the scene of a pantomime. Here, too, you find the same quiet, systematic workmanship going on, and all is achieved by the aid of such modern appliances as we have. In most hospitals gas is used for culinary purposes much more extensively than coals. The time at which to visit the kitchens is about twelve, when all hands are busy in getting ready the mid-day meal for the patients.

It is a favourable time, too, at which to see the wards, for then the sufferers, in many cases, while the meal is being served, seem diverted for the moment from the monotony of their life and the anguish of their pain.

The wards are classified under the heads of medical wards and surgical wards, women's wards and men's wards, accident wards and children's wards. In the old days these wards were dreary and comfortless in the extreme, with their bare walls and general colourlessness.

But in recent times an element of brightness has been introduced in the shape of red or other coloured coverlets to the beds, pictures or engravings on the walls, with a profusion of flowers on the tables, sent by some thoughtful patron. To pass through the avenue of beds in these vast dormitories and note each face with its history of suffering or wrong, to meet the smile of the saint-like nurses, who have cheered many a lonely soul on the road to its last resting-place, should stir the most callous heart to sympathy.

The various cases which mark the stages between life and death in these institutions are most striking. In one bed you may come upon a patient, wan, gasping, in the twilight of his last hour; in another, one who has passed into the stage of convalescence, cheerfully engaged in reading or knitting, and contemplating a re-entrance into the healthy world.

Then, how interesting it is to inspect these wards at the visiting hour. Chiefly neatly dressed women concerned in the welfare of their kindred or friends, holding quiet conversation with the sick, enquiring into their condition, their comfort, and their wants, bearing the appearance of strangers in such a scene, who bring messages of sympathy from the home circle.

It must always be a delight to those who visit the children's ward to see how happy and playful these little creatures become so soon as they are

free from pain, some in the keen enjoyment of their toys, some with their toys beside them as if they too were sick.

Then the Accident Ward. How readily one recognises a broken limb, with the leg raised, or the arm in a sling. Some have their face bandaged, the consequence of a fray, which may be sooner forgotten than the cause.

The impression which everyone must receive from visiting those sick-chambers is the patience with which suffering is borne, encouraged no doubt by the hourly ministration of the attendants.

It is only the professional man who knows how great a variety of disease is relieved in these beneficent institutions. The consumptives, who are most to be pitied of all our fellow-creatures, find their declining lives at least made supportable, their sufferings being promptly met and alleviated, their nights quieted. Even now, when Scepticism is in full force as to the value of medicine in disease, there is one thing that is undeniable: it is that remedies for mitigating pain are constantly increasing in number and power, so that many a paroxysm that reaches anguish may now be instantly allayed, instead of the sufferer passing through hours of torture. Look at the ague-stricken who come up from the Essex marshes, now shivering, now burning with fever, to which for weeks past they have been martyrs every other day. Here the remedy is at hand. The disease is at once arrested, and

the patient is gradually restored to his former healthy condition.

Here is a man who was blind, and he can now see. Here is another who was deaf, and he can now hear. Go on to another bed, and you come upon one who for months had lain awake through the night listening to every sound, his eyes now on the night-lamp, now on the window, looking for the first streaks of dawn. At last he knows what it is to restfully close his eyes and pass into the forgetfulness of sleep.

All might visit with advantage to their better feelings the hospitals for the paralytic, if they would thoroughly realise how the strong may be struck down, how those who once trod the streets so briskly, moving from place to place on business or pleasure, can now, as they lie helpless, think only of the blessings they have lost. And yet may some of these be seen in the different stages of recovery: progressing from a motionless position to a creeping movement, from one part of a ward to another, to finally reach the courtyard, and once more enjoy the outer air; then, after a time, throw aside either one or both their crutches.

The working-day can be best illustrated by sketching the routine work of the *interne* at a large general hospital. The *interne*—house-surgeon or house-physician—represents to the public the hospital itself—it is his skill that the out-patients describe to one another with gusto; it is his possible

mistakes which receive such bitter and garbled notice in the daily press.

Early in the morning, at nine generally, the house-surgeon attends at the out-patient department to see old "casualty patients." This requires a little explanation. The casualty patient, at the time that the casualty—cut, fracture, poison, or what not—occurs, presents himself in the accident ward of the hospital (open day and night), and is there seen by the *interne* of the day, and advised. These cases divide themselves into two classes, those that can be treated outside, and those that require admission to the hospital. Of those that are admitted to the hospital more anon ; but those whose ailments can be met by out-door relief are told to come to the out-patient department on a certain day at nine in the morning to report progress. In this manner the house-surgeon will collect about himself a private clientele who will absorb about an hour of his morning time, when complaints are comparatively trivial, and who for the most part receive no treatment save at his hands. In this way the house-surgeon acts as a barrier between the public and the staff of the hospital ; for by thus sifting the cases he is able to present for the consideration of his superiors such cases as require experience for their attention, and to obviate the waste of their time by simple and trivial matters.

The house-surgeon will next make a round of his wards. Here he will find two sets of cases awaiting

him—new and old. The new patients are admitted either by order of the lay governors, by sanction of one of the medical staff, or by the house-surgeon from the casualty department. The latter are the most urgent, and form the most important surgical cases in the hospital. It is the house-surgeon's duty to inform himself as to what is the exact condition of these new cases, and to elicit from them any information that might tend to make the diagnosis easier and clearer. But it is not his duty to initiate the treatment of them. Every new case is placed under the care of one of the medical staff, who confirms or contradicts the house-surgeon's view, and lays down the lines upon which treatment is to be carried out. The house-surgeon's duty is to carry out this line of treatment, and to keep notes of the result for the information of his superior at his next visit to the sufferer.

The round of the wards will be lengthy and arduous exactly in proportion to the number of beds. If a house-surgeon has fifty or sixty beds under him, ten or a dozen of them occupied by new patients, and another ten or a dozen requiring daily changes of dressing, or daily assistance, it can be readily seen that his morning will be full. If he has a large proportion of old cases, whose condition has already been accurately ascertained, the round can be made quite conscientiously with great rapidity.

At mid-day the staff arrives—certain surgeons and physicians having certain days allotted to them.

The staff-surgeon goes round his cases with his house-surgeon, receives the reports of progress or decline, and gives instructions as to the new patients that have come under his care since his previous visit. It is at this round that all the clinical teaching in our London schools is chiefly done, if the material before him leads the surgeon into lengthy and interesting exposition. It may be late in the afternoon before it is completed. When it is completed, and the staff-surgeon has gone, the house-surgeon's work begins again. First, he must start the treatment of the new patients in accordance with the orders he has received; and, secondly, he must make any changes that have been suggested to him in the remedies of the old patients—these changes being dictated partly by the daily notes and partly by the staff-surgeon's observations. He will then be free—unless he happens to be the *interne* on duty during the whole day—until it is time to make the night round. The hour at which this is made varies in different hospitals.

It is impossible to do more than hint — in this way — at the daily routine inside the hospital.

With regard to the out-patients, they again are recruited from three sources:—The old in-patients, whose case is sufficiently advanced to warrant their being treated as out-patients; persons recommended by the governors as suitable for out-patient relief; the more important casualties that have come under

the *interne's* notice.[1] The out-patients attend at a certain hour in the department set aside for them, and are seen by the assistant staff-officers of the hospital. Any details in their treatment that require alteration, any surgical assistance, any instrumentation that may be necessary, will be placed in the hands of an assistant house-surgeon, who is to the assistant staff-surgeon what the house-surgeon is to the staff-surgeon.

In addition to the general out-patient department of the hospital, there are in every hospital special departments. Certain hours and certain of the out-patients' rooms are given up to these cases, and the specialists upon the staff attend to them, deciding the line of treatment to be adopted, and handing over the patients to the care of their assistants during the treatment. There will be in a big institution facilities for special patients available every day, and the routine of the working-day will always include the administration of one or two such departments.

[1] Different institutions have different regulations with regard to their out-patients. These are the regulations common to two of our general hospitals, and one special institution.

CHAPTER IV.

WHAT THE HOSPITALS DO FOR THE PEOPLE.

"If it were not for the hospitals we might expect London to be consumed by fire from Heaven."

AVERAGE Appreciation of our Institutions—the Progress of Medical and Surgical Science—Hospital Practice—Army of Nurses—The First Nursing Institution—Florence Nightingale—The Scarcity of Nurses—State Interference—The Bureaucratic System in Russia—Master and Servant—Sick Servants—Employers Liability Act—The Labour Market—The Wealthy Classes and the Hospitals—Thoughtless Almsgiving—Organised Charities.

IF an average Englishman were asked what institutions were of most service to him, he would probably enumerate a great many before he came to the hospitals. With the usual praiseworthy loyalty he would, if a Conservative, in the first instance, cite the Royal Family and the Court, then the House of Lords. If a Liberal, he would probably regard the House of Commons as indispensable to his happiness. Religious people would, in contradiction to each other, each place the church of their own persuasion at the top of the list. Many would not consider their lives secure without the army and navy. Timid people would not think life

worth living if it were not for the police. Those who have not convinced themselves of the usefulness of competition, would probably consider our National Postal Institution as one of the most indispensable factors in our civilisation. Our commercial men would probably look upon the Bank of England as our greatest national mainstay, at least so long as we can go on without suspending the Bank Act.

As to our hospitals, most people would not think of them at all, or would place them at the bottom of the list. Yet it is an undeniable fact that our hospitals, while marking the progress of civilisation more than any other institutions, are indispensable to society as a whole in its modern form, and a safeguard to the individual against misfortunes and sufferings worse than death. That this great truth is not realised is not surprising. The times we live in put a strain upon human energy which leaves but little leisure for reflection. Action, business, speculation, and practical politics—these are the watchwords of to-day.

Individual success is the first and immediate goal. All other considerations are too often banished to be taken up when the harbour of success is reached. And with most men the harbour of success is never attained. It looms still in the distance, more brilliant, more seductive than ever, when, *fata morgana* like, it dissolves and earth claims its own again. The poor

man looks upon a moderate competency as his measure of success; the man with a competency desires a fortune; and the capitalist longs to be a millionaire. The citizen dreams of civic honours. When all this is realised, it is Parliament that fascinates him; and, incredible as it may seem to the philosophic mind, successful politicians in their old age snatch at a title or a peerage as eagerly as a child at a new toy, indifferent seemingly to the impression which their eagerness for honour conveys, namely, that vanity and not duty has been the mainspring of their lives.

It is characteristic of the age that superficial views should take precedence of great fundamental facts, and that the problems of the moment should be considered from a narrow, personal point of view, with expediency for its aim, while first principles are ignored. The intense excitement of pleasure, business, and work, and the moments of prostration which supervene, render us unfit and disinclined to take the healthy plunge into serious and logical thought. Easy-going cynicism and selfish pessimism represent the compass of our philosophy. We dispense with opinions and lazily follow some authority, or we blindly endorse the latest popular notion of the day. Our measure of merit and ability is success. The blatant but successful rogue or charlatan we hail as the practical man of the age, and we laugh at the sincere but unsuccessful enthusiast. The man who reasons,

who stands up for principles, who looks to the future as well as to the present, is voted a bore; while scoffing and persiflage seldom fail to secure a hearing.

This indifferentism, or what our fastidious contemporaries would call it, this *fin de siècle* tone, has, like all social phenomena, its excuses and its causes. The causes will disappear, and, when they do, a new spirit will preside over the people. But, while things remain as they are, it is no wonder if so few evince an interest in our hospitals—these institutions which are our pride, which are the expression of our most humane instincts, and our best defences against disease and death.

A little reflection, however, ought to convince English men and women that the hospitals deserve a very different support to that which they receive. Most people who have passed their years of youth are more or less impressed with the fact that sickness and accident may at any time make their life a burden to them. When mention is made in conversation of a painful malady, or a serious mishap having befallen somebody, we always hear questions being asked about the individual's age, his mode of living, his heredity. These questions prove that the inquirers are asking themselves in their own minds what risk they would run under similar conditions. It is in moments like these, when illness and bodily pain are by the experience of others brought vividly before the

imagination, that our thoughts dwell with some self-gratulation on the great progress which medical and surgical science have made, and are every day making. But how often is it remembered to what a great extent such progress is due to our hospitals?

How difficult, not to say impossible, would be modern training for the medical profession without the hospitals. It would take a student a lifetime to learn what he now learns in five years, and it would be out of the question to form such teachers as we have in the present day. The wonderful facility and security with which the most delicate operations are performed at a minimum of suffering to the patient, are due to the exhaustive study, the methodical observation, the large experience conveyed to many by each particular case, all of which is a direct outcome of our hospital system.

It is no insult to the medical men of the past to say that some of our worst doctors nowadays are better fitted to benefit their patients than their predecessors of some generations ago. The rich man who liberally pays the skilful doctor remains largely indebted to our hospitals for the cures effected in his household. That hospital practice is the best way for a doctor to advance in skill is an universally acknowledged fact; but, in England and in other countries where a similar system of remunerating a doctor for his services is prevailing, hospital practice is of special importance. As the doctor is paid for

so much per visit or consultation, a great majority of the private cases which come before him add nothing to his experience. He sees the patient, he gives a prescription, recommends a certain diet, certain exercise, baths, change of clothing, etc. But he is not able to judge of the effect of the treatment when he never sees the patient again. As far as the doctor knows, the patient may have succumbed or have been cured. The patient might have found himself so much better that he regarded another visit to the doctor as superfluous. He might have consulted other medical men. He might not have taken the recommended medicine or have followed the doctor's advice at all.

There are a great number of cases which the practitioner may follow up to a certain point, but which he is not allowed to attend up to complete recovery. Nor can the experience gained in private practice, even in cases watched by the doctor from beginning to end, be so depended upon as that gained in the hospitals, because in houses where trained nurses are not engaged, the advice of the doctor regarding treatment is too often neglected, and the treatment he prescribes carried out in an imperfect manner. When wealthy people of this country compare the medical assistance they can command with that which their forefathers had to submit to, they should not forget that the country that wishes to have good doctors should have good hospitals.

But good doctors are not the only benefactors which are vouchsafed by the hospitals to the wealthy. The great army of trained nurses receive their instruction in these wonderful institutions. It is with the trained nurses as with many other blessings of our time: when we once become used to them, we wonder how it was possible to do without them. It is a pity that we cannot pass a law that such wealthy Englishmen who do not support our hospitals according to their means should, in case of illness, be nursed by women of the Mrs. Gamp type, in order that they might realise the tragic side of Dickens' sketch as keenly as in health they enjoyed its comedy! Foreign readers of Dickens, while acknowledging the value of his works, often complain that he was in the habit of overdrawing his characters and turning them into exaggerated caricatures. But if they knew this England and this London of ours better than they do, they would probably change their opinion. A friend of mine, a foreigner, who had held the general Continental opinion about Dickens, but who lately had ample opportunity of studying us, expressed his belief that there were plenty of people in London who made it a point to constitute themselves into plagiarisms of Dickens' characters.

The sick-nurses before 1840 cannot be said to be libelled at all by Dickens' creation. A better drawn type than Mrs. Gamp can hardly be conceived. We must not forget that in this country the great bulk

of the people used to consider and, I am afraid, still consider it as the height of gentility to do nothing, and in former days sick-nurses were not held in estimation according to their usefulness to their fellow-beings, but were despised because they undertook unpleasant and badly paid work. To have their heart in their mission, and a natural aptitude for the profession, was out of the question altogether. Nurses were considered qualified as long as they were not of Irish nationality or not given to drunkenness. / A doctor tells me that these nurses were always engaged without a character, because no respectable people would undertake so disagreeable an office. /

Since 1840, when Mrs. Fry and Lady Inglis founded the first Nursing Institution in Osnaburgh Square, under the patronage of Queen Adelaide, and at the suggestion of Dr. Good and the poet Southey, and especially when Miss Florence Nightingale, by her devotion and heroism, had fanned into flame the spark of self-sacrifice and sympathy with suffering, which lies deep in every true woman's breast, the small army of trained nurses has been steadily on the increase.

It is to the snobbish and hypocritical spirit which prevailed in this country during the first half of this century that we must attribute the opinion that ministering to the sick and the suffering was a degrading occupation. The ancient nations discovered early that women had

been well fitted for the part of ministering angels. In the dawn of civilisation they alone were entrusted with the care of the sick, and were held in esteem for the services they rendered. In the Scandinavian countries, during the Viking days, every mother instructed her daughters in nursing the sick and, what among them was a far more important work, the tying up of wounds. From the Middle Ages up to the present time the Sisters of Charity on the Continent have devoted themselves to sick-nursing, and have looked upon their mission as the best way of following the Master they wished to glorify: while, in modern England, we have a considerable number of religious sisterhoods which devote themselves to nursing.

All this proves that woman is endowed by nature with the ability and willingness so valuable at the bedside of the sick. But natural ability and willingness are of little avail without the skill which training alone can give.

As long as the heart of English women remains what we know it to be, we shall never lack the best raw material for nurses. But to train them in such numbers as the interest of our sufferers demands obviously necessitates considerable outlay. Funds are needed for nursing institutions, for convalescent homes, but more especially for hospitals, where alone the requisite experience can be acquired.

Anyone who looks over the present list of nursing institutions in Great Britain, and compares it with

what it was some years ago, might think that the demand for nurses is fairly well met. But this is by no means the case. On the contrary, the luxury of a trained nurse is far from being within the reach of the great majority of sufferers. It is as yet a novel institution, vouchsafed only to the privileged inside and outside our hospitals. Nor are the nursing institutions all that they should be —and all for the want of funds.

During the recent epidemic the well-to-do classes of London, able and willing to pay for trained nurses, had a slight experience of what scarcity of sick nurses implies. Disappointment and discontent were freely expressed all over the city, and in many cases those grumblings against Government were indulged in, which threaten to become the characteristic of a people once boastful of being the most self-reliant nation in the world. Strange to say, it is hardly likely that a single one of those who complained of the scarcity of nurses gave any thought to the amount they had contributed towards nursing institutions or towards hospitals, or whether indeed they had contributed to them at all.

If the votaries of grandmotherly government are under the impression that hospitals and nurses can be supplied by government without contributions from those who have the wherewithal to pay, it is no wonder that the protective spirit has, in spite of its baneful influence abroad, at last

invaded England. If State interference is pushed to the extent of placing our hospitals and nursing institutions at the mercy of the barnacles of the new bureaucracy, a bitter disappointment is in store for the advocates of State Socialism: for we learn from the experience of Russia and other countries, where the bureaucratic system is highly developed, that instead of having hospitals without paying for them, we are likely to have to pay for hospitals without having them.

All the upper classes and the middle classes, down to the families who keep only one servant, are benefited by our hospitals in a way that saves not merely a considerable outlay, but a mass of trouble and inconvenience, to which few modern homes are equal, and responsibilities which few house-wives are fit to bear. To send off to the hospital any servant who falls ill or meets with an accident is, nowadays, a custom so firmly established, that householders have come to look upon it as a natural right. If this facility did not exist, the present relations between servant and master would be impossible.

In this respect, as in many others, society is in a transitory state. The old feudal and patriarchal systems are dying slowly, and the new commercial system is asserting itself more and more. While this slow transition lasts, the relations between masters and servants are framed on a hybrid principle, and for this reason give satisfaction to neither

the one nor the other. In olden times domestic servants were paid ludicrously small wages, but the patriarchal system involved advantages for the servants which it is difficult to estimate in money. They were not only supplied with all the necessaries of life, but they were made to feel that the house in which they served was a real home. They shared the joys and the sorrows of the family, and took their respective place at the daily meals, ceremonies, and festivities of their masters, in a way of which the present stiff and formal marshalling of the household to family prayers is a parody. At the time when such mottoes as that of the Prince of Wales, "Ich Dien," were emblazoned on the shields of the nobility, to serve was considered less derogatory than to do other manual work. In noble households the children shared with the servants the duty of attendance on elders and guests, and the youthful scions of noble families were exchanged in order to serve as pages.

The system had great advantages both for the servant and his master, but it was not without its drawbacks. It took large resources and a big establishment to extend the paternal care to all the servants in the house, often from their birth and generally to their death, to provide them with all their wants, to educate and instruct them, to protect them and advise them throughout life, and care for them in their old age. All these duties heavily taxed the administrative ability of masters. A certain

consideration in the treatment of servants was also necessary, because to change a servant was troublesome and dangerous, and if by bad treatment the servant was demoralised and his temper soured, the master suffered. Besides, it was necessary to treat servants in such a manner in order to secure, through their fidelity, affection and esteem—what we now expect from them in return for money.

As the commercial system advanced, and the constant increase of payments in cash caused financial embarrassments even to the richest masters, it became more and more difficult to keep up establishments on the old, broad, feudal footing, and the relations between masters and servants were based on a contract and short notice. As compensation for what they lost, the servants obtained higher wages; but while their privileges speedily disappeared one after the other, their wages rose very slowly. The masters, being less particular as to who served them, went into the open market for servants, and there the supply was plentiful.

Thus it happens that nowadays English housewives are prone to indulge in Jeremiads, because it is so difficult to get good servants, even at wages which are so much higher than those that were paid of old. It is so easy to compare two sums of ready cash representing the old and the new wages, but few housewives have an idea what the servants have lost by the modern system. In England, we have a comparatively new

middle-class who possess no feudal traditions, and who have never heard of any other relations between master and servant than those familiar to themselves. The housewives of this class are generally more exacting and more apt to complain about servants than the descendants of the feudal masters, and they are, as a rule, extremely liable to err on the side of harshness. They are anxious, to use their own expression, that the servants "should be kept in their place," evidently, because they see so small a difference between themselves and the servants, that the breaking down of the artificial barrier of petty tyrannies would lead to that familiarity which breeds contempt.

The present unfortunate relations between master and servant are partially due to the impulse which the transition from the patriarchal to the commercial system received in the middle of this century. The Free Trade Reform, some other steps towards individual freedom, and the abolition of a host of State-meddling Acts, all of which characterised the Cobden era, increased enormously the prosperity of the country, and the incomes of most people improved. An incredible number of families rose from the ranks of the working-classes to that of the wealthy middle-class. They all wanted servants, and while the price of female labour rose in the mills and the workshops, there was an extra demand for servant girls on the part of the new mistresses.

The results were that wages rose, that trained servants became scarce, and that servants could show more independence. A French proverb says, "Tel maitre, tel valet," and there can be no doubt that the complaint we nowadays hear about bad servants ought to be translated into a criticism of the mistresses. The newly-fledged housewives, without education, presiding over numerous servants, resented the high wages and the independence of the servants: the servants, learning little of their mistresses, did not serve them with the willingness with which they serve what they call "real ladies," and in this way, the same animosity which characterises the relations between employers and employed in trade became the leading feature of the relations between master and servant in all classes.

In this deplorable state of affairs, it cannot be expected that the masters and mistresses should cheerfully tender to their servants those cares which suffering and illness demand. The contract between them being a harsh business transaction, in which the one has paid as little as possible, and the other has only rendered strictly prescribed services, the master has come to regard his responsibility at an end when the wages are paid. In so doing he feels no compunction: he does not damage his character in the eyes of his surroundings. Sad to say, even people who are ostentatiously religious, and who wish to be looked upon as patterns of morality and

charity, too often forget that charity begins at home, and dismiss their servants, especially the female ones, as soon as sickness has rendered them incapable of doing their work. Once they have left the house, either to go to the hospital, to a poverty-stricken home, or to perish in the streets, they are entirely and forever out of the mind of the employer.

It has more than once been attempted to render the Voluntary Hospitals partially responsible for this harsh treatment. "Why," it is said, "should we be burdened with sick servants when there are hospitals where they would be well treated?" But this is not logic; it is subterfuge. If the hospitals were ample enough to accommodate all the sufferers of the nation, if they were all as comfortable as a middle-class home, and if they were supported entirely out of the rates, it is most probable that, like all socialistic institutions, they would provoke those sociological reactions which are seldom foreseen. For such reactions are generally found out only through experience. It often happens that socialistic institutions introduced in the hope of bringing about a small temporary good, produce a widespread and lasting evil. But our best London hospitals are not socialistic institutions; they are the outcome of free co-operation between free citizens who are actuated by their sense of justice and charity. If, therefore, the existence of our Voluntary Hospitals encourages the harsh treatment of servants, it is

because the master, either through meanness or ignorance, takes advantage of the hospitals without contributing to the hospital funds.

With regard to labourers, State Socialism has been resorted to in the form of the Employers' Liability Act. So far it has been only a partial success. It has been a source of expense to the employers without affording the hope of protection to the labourers. Its inefficiency has been glaring enough to call for a new Bill from Parliament. This new Bill will be another attempt to assert more stringent clauses—more compulsion and more restriction upon the freedom of contract. All this Parliament can do, but it cannot prevent the sociological reactions more than an engineer can increase the speed of a machine without loss of power. At the promulgation of the Employers' Liability Act, the first thing that happened was the establishment of Insurance Companies to overtake the risks of the employers.

Discontented working-men say that the object of these insurances is to place the poor disabled workingman in the unfair position of having to fight before the tribunals a company with millions at its back before he can get his compensation. But in fairness to the employers it must be said that the insurance against the liability which the Act imposes upon them is the natural outcome of our commercial system. Without insurance the risk was undefined, and could not be charged on the price of the goods they produced. The insurance premium can be

calculated to a nicety and is put down as part of the wages; it appears in the price list of the goods and acts as a factor in the diminution of sales, and the encouragement of foreign competition. It thus reduces the export, the opportunities of work, and lowers wages. Through this lowering of wages the working-men lose far more than they gain by their nominal protection. I may repeat here what I said about the hospitals in bureaucratic countries: when Socialism is resorted to, working-men have to pay for protection without getting it.

The masters of domestic servants do not insure against their liabilities because they are moral and not legal — and if they were legal, the servants, like the working-men, would get the worst of it.

We find, then, that the transition from the feudal system to the commercial system has made it easy for the masters to shirk feudal liabilities —towards their servants in case of illness and old age, — though the commercial system is not sufficiently developed to free them from moral responsibility. They simply take advantage of the excess of supply over demand in the labour market, while they use the Voluntary Hospitals as an insurance on which they are, however, very backward in paying their premiums, if, indeed, they ever pay them at all.

I do not think that I sin on the side of harshness if I compare householders, who employ domestic servants without contributing proportion-

ately to the hospitals, to shippers of goods who are protected by an open policy, but are mean enough not to declare on that policy, and not to pay the premiums for such goods as arrive safely, but claim from the company every loss they make. I hasten to add, however, that if so great a number of householders subscribes little or nothing to the hospital funds, it is because they have never realised their moral obligation in this respect, and I feel sure that when their real position in relation to the hospitals is made clear to them, in their English love of fairness they will frankly admit their obligation. They cannot fail to see that the hospitals, besides affording many other benefits, are defraying the expenses of medical aid and relief, nursing and nutrition, for their servants during sickness, which, were we still living under a feudal system, the masters would themselves have to pay.

Invaluable as are the strictly practical advantages which the wealthy classes derive from the hospitals, they do not, however, exceed a moral advantage which cannot be enough insisted upon. For, while the hospitals care for and cure the bodies of both rich and poor, they offer a genuine opportunity for the rich to exercise that charity, without which the soul of the most easy-going would sicken and the life of Fortune's greatest favourites would become insipid.

As this book should appeal not only to the followers of Christ, but to all sects, as well as to those

whose tendencies are towards Agnosticism and Scepticism, it is out of the question for me to regard this subject from a sectarian, or even from an exclusively religious point of view.

Charity existed before Christianity, and long before humanity profited by Christ's example and teaching, it had learned by experience that all our misfortunes come from ourselves, and all our happiness comes from others. Voltaire said that if God did not exist, it would be necessary to invent him; and one might say that if there were no opportunities for the exercise of charity, it would be necessary to make them. Be it the voice of Nature, divine promptings, or the effect of education, the craving to sacrifice on the altar of charity is with us all. It is, or has been made into an irresistible yearning which can only be suppressed at the cost of moral and intellectual degradation. We all know cases where self-indulgence and luxuries of all kinds have been resorted to in order to silence the still small voice, and we have all seen how such attempts have resulted in vicious habits and uncontrollable journeyings towards greater and more unhealthy excitement, in the destruction of health and happiness.

In these times in which we live, it is not possible to taste the cup of pure delight save by ministering to the wants of our suffering fellow-beings. The Roman Catholic Church prescribes charity to the poor as an indispensable

condition for a religious life, and is said to have thereby encouraged much mendicancy and much thriftlessness. It is not for me to sit in judgment and determine as to whether the social evils which universal almsgivings are supposed to have introduced, have been worth the charity which prompted them. But in England at this moment no educated person can with any self-satisfaction indulge in thoughtless almsgiving, for the mischief it might produce is persistently described in our sermons, our literature, and our press. To exercise charity towards those who best deserve it, and who would be elevated instead of degraded by it, is not a difficult task, but it requires a great deal of personal exertion, much time, as well as judgment and a tact which are not given to all.

Now, time and work are just what so many people in our full-speed life can ill spare, and in many cases charity must be exercised by deputy or it will tarry the source from which the good gifts flow. It is such circumstances which have produced the demand for organised charities. Most of these are excellent in their way, though, of course, many of them work with a great amount of friction.

I do not here refer to the municipal charities dispensed by the workhouses. The anxiety of the authorities and the officials to keep the statistics of pauperism low has made those benefits which reach the poor through the Unions so distasteful that some of the people prefer suicide.

Charity so little preferable to death cannot be called charity at all. Most institutions of organised charity, even those entirely supported by voluntary contributions and free from bureaucratic taint, have drawbacks and defects which render it impossible for them to take the place of direct, Christian, personal charity. A great deal of the money contributed, instead of directly benefiting the poor, is spent in administration and supervision. Sometimes the bulk of the funds is expended in preventing the little that is left from miscarrying. By undue patronage, intrigue, and traffic in votes, the acutest, but not the most deserving, easily become the beneficiaries of charitable institutions.

But of all objections against charity by deputy —or Christianity made easy—the strongest are, that it humiliates the beneficiaries, easily wounds the feelings of the sensitive, and that it reaches the most clamorous rather than the most deserving. To have paid the poor rate and to have subscribed to the Charity Organisation Society will, therefore, not satisfy the conscience of such well-to-do people who recognise that life has its responsibilities. And yet we know that, unfortunately, such taxes and such contributions are, in many cases, quoted as excuses for withholding a helping hand even where help is most urgently needed.

The Voluntary Hospitals are the one form of indirect charity against which hardly any one of the

above objections can be cited. To be nursed in such institutions can lower no man in his own or other people's estimation. It must be remembered that there is nothing degrading in receiving charity, when circumstances which render it necessary do not originate in a personal defect of our own. Every human being is the object of human charity from others from his birth up to the age of discretion. Illness and bodily ailments render the most wealthy and powerful dependent on the charity of their surroundings. A shipwreck, a railway or carriage accident, or any other momentary abnormity or unforeseen incident in our plans or our supplies render us fit objects of Christian charity without degrading us.

A man disabled by illness or accident, which evidently demands the care of a hospital, does not suffer in his dignity because his fellow-citizens volunteer to tender him such cares as he cannot command himself. Nor can there be much miscarriage of charity in our hospitals. The need of such help as they proffer is generally too evident to allow of many mistakes. Besides, our hospitals are not entirely charities by agency. Already a great deal of personal service is given. Philanthropic ladies render invaluable aid as nurses, or by supervising and inaugurating nursing institutions. The services of men are wanted on the committees and many business departments of the institutions. With few exceptions all the medical officers give their services for nothing.

On these grounds, I claim that our Voluntary Hospitals offer the very best opportunity of exercising charity to all those members of the well-to-do classes who find it impossible or difficult to practise direct and personal charity, as well as to the working-classes who may fear that their offerings may be too small to do good single-handed. Collective and spontaneous charity cannot possibly take a better form than hospital aid. For the charity proffered by these institutions of which our nation is justly proud is like mercy—

> "It droppeth as the gentle rain from Heaven
> Upon the place beneath; it is twice blessed:
> It blesseth him that gives and him that takes."

CHAPTER V.

WHAT THE PEOPLE DO FOR THE HOSPITALS.

"They answer in a joint and corporate voice,
That now they are at fall, want treasure, cannot
Do what they would."

THE Inadequacy of Contributions—£150,000 a Year Required—More Personal Service Needed—Londoners and Charitable Institutions—Ignorance of Work done by Hospitals—Indifference of the People, and Its Causes—The Protective Spirit—Government Hospitals and Voluntary Hospitals—Relation of Employers of Labour to Hospitals—The Liquor Traffic—The Theatre-Goers and the Hospitals—Charity and Luxury—The *Fichter Verein* and Destitute Children—Fashionable Dinners and the Philanthropic Host—Humiliating Position of Londoners.

To maintain in repair, to carry on and develop the sixty Voluntary Hospitals in London, the five millions of inhabitants who all benefit more or less from them supply in money £191,800. This is according to last year's accounts. It would, of course, be impossible to defray all the expenses of the hospitals out of this small amount. Dividends from invested property, and some small sources of income bring the total amount of the yearly revenue of the hospitals up to £412,077. In the small amount

which the London public contributes is included £71,350 in donations, as well as £64,669 in legacies. Subscriptions are only £35,590. The Hospital Sunday and Saturday Funds, of which we hear so much, bring in, the former £45,000, and the latter nearly £20,000.

The smallness of this amount will probably surprise most people, and it is amazing when we consider the immense wealth of this metropolis, the enormous profits of its trades, and the vastness of its financial operations throughout the world. The total contributions of Londoners do not represent one per cent. of one day's turn-over in the Clearing-House, and if we compare it with the amounts which are spent at drinking-shops, places of amusement, and in the purchase of a thousand and one useless articles of luxury, London charity to hospitals is a discredit to its inhabitants.

To put all our hospitals on an efficient footing without much extending the present scale, at least £150,000 a year would be required, while to develop the hospital system to what it ought to be in our free, wealthy, and Christian city, a far larger amount would be needed.

But it is not money alone that is wanted. More personal services for committee work, house-visiting, and supervision would be warmly welcomed. London in these matters is considerably behind provincial towns. There is always a great difficulty in getting young men to join com-

mittees, though the Metropolis, perhaps, contains proportionally a larger leisured class of young men than any other city in the kingdom. The work is generally done by middle-aged or elderly gentlemen who, as a rule, have plenty of their own business to attend to. And the sacrifice they make is not always appreciated. The other day, a busy city man was asked by a friend, who does no work for the hospitals at all, whether he was going home. "No," said the former, "I am going down to the hospital."—"Ha! your brain is tired, so you are willing to devote it to charity." But what is to be done when those who never had tired brains in their lives decline to give up a few hours of pleasure and club-lounging for hospital work?

Such indifference to so important a civil and moral duty is difficult to comprehend in the case of the capital of a nation reputed to be charitable and religious. It is, therefore, only just to point out that this is not due to any lack of public spirit: it is clearly traceable to special causes. To discover these causes is the first step towards a better state of things.

In the first place, the good work done by the hospitals is known only to a few outside those who bear the burden and those who have been nursed in their wards. Fewer still have ever realised what London would be without hospitals. Nor are the wants of the hospitals understood by the public at large.

Charitable Londoners liberally support hosts of institutions here and abroad, the usefulness of which, with few exceptions, cannot be compared with that of our hospitals. The reason for giving preference to less worthy institutions can alone be explained by the fact that they are well advertised, and collections for their support are systematically and perseveringly kept up.

In many of our charitable institutions and movements there are numbers of people who may be actuated by the best motives in giving their time and their work to some cause they consider worthy of great sacrifice. At the same time they draw the whole of their income from the institution they administer, or the movement they lead. This is not the case with our Voluntary Hospitals. The governors not only work for nothing ; they subscribe. Nearly all the doctors and physicians give their services gratuitously. The whole of the paid staff in no way depends upon the hospital for their livelihood, but can obtain similar employment elsewhere. The work of enlisting subscribers and collecting contributions has, therefore, never been arranged on such an effective and business-like footing as is the case with many other institutions.

There is every reason to believe that, if the case of the hospitals could be thoroughly brought home to Londoners, liberal annual subscriptions could be readily obtained. This is clearly proved

by the experience of three great Metropolitan hospitals, where the subscriptions, during the last twenty years, have increased to a considerable extent.

And it is annual subscriptions which those who advocate the cause of the hospitals should aim at: for they may be regarded as the backbone of a well-managed charity. When a man has once become a subscriber he is called upon every year to renew his subscription, and it is often augmented when a subscriber has had a successful year, or when his income has increased. Besides, the regular subscriber is most likely to take an active interest in an institution he regularly supports. He naturally becomes inclined to look into its management, and possibly to take part in it.

I have said that the well-to-do Londoners know too little of the useful work accomplished by the hospitals. Yet, anomalous as it may seem, there never was a time when all classes of the people were more ready, when ill or suffering from accident, to avail themselves of the great advantages which the hospitals afford. The upper classes are, if anything, more willing to be removed to these institutions than the working-classes.

The fact is that people, so long as they enjoy sound health, take no heed of the hospitals, but so soon as they are afflicted by a serious disease or meet with an accident, their enquiries soon elicit the fact that in these admirably managed institutions

they will meet with the best treatment obtainable.

Another cause of indifference is, that the sacrifices of time, work, and money seldom bring reward in the shape of decorations, titles, political and social preferment. I simply state the fact; I offer no opinion as to the advisability of encouraging this, the greatest and noblest of all charity, by such forms of recompense. In my view, it is good that there should be such opportunities for exercising true philanthropy dissociated from the stigma of self-promotion. Even if I am wrong, no blame can be attached to anyone, because it is in the nature of such philanthropy to go unrewarded by the authorities of the State. Political power in this country is wielded through party politics: active partisans must, therefore, necessarily take precedence in the disposition of rewards, and hospital work is entirely independent of politics. As to rewards and distinctions emanating from powers who are independent of party considerations, they must necessarily be given to those whose services produce the greatest sensation rather than to those whose deeds result in the greatest amount of good, or involve the highest sacrifice. It has been, and always will be thus, especially in a free country where all governmental and public actions must be more or less influenced by popular opinion. If the opposite line of action were attempted—if the widow's mite were to be considered as much as the million of the millionaire—the choice

of candidates for honours would be extremely difficult, and probably give rise to endless dissensions.

But of all the causes which tend to stem the current of funds which should flow to the hospitals, the now most potent, and the one which threatens to bring ruin upon the voluntary system in the future, is the protective spirit. I use the term protective spirit not as indicating any popular desire for Protective Duties, but as the strong tendency which has invaded us from abroad—a tendency to look upon liberty as a source of danger, and to trust to Government regulation and Government management in all social, and often private, matters. So all-permeating is this new mode of thought, or rather confusion of thought, that every question before the public is more or less affected by it. Whether they be debates, leading articles, treatises, or platform speeches, so soon as their subject has anything to do with legislation, politics, administration, public instruction, finance, and in fact with anything relating to the social and economic life of the nation, they resolve themselves into this question: Socialism or not Socialism.

Our Voluntary Hospitals will be more affected by the growth of Socialism than any other institutions, because they are at this moment the best standing example of free co-operation we possess, and in no other institutions would the application of the socialistic principle work such havoc. When I add to this that, for reasons to be given, the socialisation

of our hospitals would mark an important step towards complete Socialism, and that the question of placing the hospitals under Government supervision has already formed the subject of a Conference, it will be understood that if this work can do nothing to prevent such a national calamity, it might as well remain unwritten.

In order to thoroughly understand to what an extent the growth of Socialism affects contributions to our Voluntary Hospitals and threatens to destroy them altogether, it is necessary to make clear the aims and expose the illusions of both conscious and unconscious votaries of Socialism.

They start with the supposition that if the relations between individuals are left free to shape themselves according to the laws of political economy, the land-owning and capitalist classes would have it in their power to monopolize all those good things which make life enjoyable. They conclude, that to establish an order of things which would be bearable and satisfactory, the State must protect the working-classes, and for this purpose interfere with contracts, individual freedom, and private property. This mode of thought, when not extreme, we call State Socialism, and, when extreme, Socialism.

I say, purposely, that the protective spirit has invaded England, because there was a time when this country was freer from State interference than any country in the world. To this freedom many

eminent thinkers have attributed our national advantages in industry, commerce, and finance, as well as many of those qualities in the English character which have enabled us to become the dominant race of the world.

The progress of Socialism in this country, and the lame defence of the Individualists are beyond the scope of this work. I shall only refer to the question in so far as it affects the hospitals. And it does affect them vitally, as, indeed, it must do every institution and every individual in the country.

The great struggle now is whether freedom shall be maintained in England or whether the present increasing tendency to centre everything in the hands of Government will lead to what dreamers and poets call Socialism, but would prove in reality to be State despotism, or bureaucratic tyranny.

Government management is nowadays held up as the remedy for all evils and shortcomings in our institutions and our social life; and there can be no doubt that this modern new-born faith in bureaucrats exercises a strong influence on hospital funds and hospital work.

Of the many ways in which this influence makes itself felt, I shall here only notice two, and the first one quite briefly, because whatever I may say about it will not counteract it.

The protective spirit and the retrogressive legislation which it has fostered during the last twenty

years has kept down the incomes of the hospitals and has increased the demands upon them.

During the Cobden era the country progressed, as we all know, by "leaps and bounds." The demand for labourers increased at a rate which foreshadowed a time when it would so outstrip the supply as to keep our working-classes in a high state of prosperity. The increased intensity of Protection in foreign countries and our colonies re-acted unfavourably on our labour market, not so much because the duties on English goods prevented us from exporting, but rather because the consuming power of the protected States decreased and their financial embarrassment augmented. Instead of parrying the effect of the hostile tariffs by freeing our industry and our workers from such shackles as still remained, our Parliament fell back on socialistic legislation. This took the shape of regulations, limitations, and extra expenditure imposed on employers of labour in this country, from which foreign employers were for the most part free.

This amounted almost to a persecution of industry, resulting in keen competition, small profits, troublesome business, and heavy losses. This was not a state of things calculated to further charity; and it is not surprising, therefore, that the contributions to the hospitals have become items of expenditure which have been either persistently overlooked or struck out. Had business and wages continued to

grow as they did twenty years ago, there can be little doubt that the incomes of the hospitals would be considerably larger than they are now.

It is natural that scarcity of labour, under-consumption, low wages, and the increase of the sweating system, should greatly augment the demand upon the hospitals: for, as I have already remarked, the majority of the patients in these institutions are those who have been disabled in the struggle for the survival of the fittest. Drink and other vices, it is true, send a great number of people to the hospitals; but, as all of us know, who have given serious attention to social problems, poverty is by far the most potent of all causes of drunkenness and other vices. Constant privation, squalor, and despair are enough to drive men and women into seeking oblivion in drink; and from the raking up of the social depravity of our great Metropolis, which some years ago scandalised society, at least one hopeful fact emerged—namely, that of all the instances given of young English girls willing to barter away their virtue and beauty, by far the great majority, if not all, were driven to it by want.

The second way in which the growing protective spirit diminishes the contributions to the hospitals, and which I shall endeavour to overcome to some extent in these pages, is the ready excuse it has inspired for not contributing to the hospitals.

We meet frequently with the following reasoning: "I do not subscribe to hospitals, because in doing

so I should give charity to the rich and not to the poor. The hospitals ought to be supported out of the rates, and by maintaining Voluntary Hospitals we only save an outlay to those tax-payers who can well afford to pay for the support of these institutions. Besides, by giving the advantages of hospitals voluntarily out of charity we pauperise those whom we benefit, while the patients would only make use of legal rights if the hospitals were maintained out of the rates. Our hospitals should be socialised."

It is not difficult to show the hollowness of such arguments.

From observations made in this and other countries, I can confidently state that the more ignorant people are, the greater is their belief in the omnipotence of Government. That Government is already overburdened with responsibilities is entirely overlooked. But those in whose imagination the magic word Government conjures up an almighty and omniscient factor, who have but an incomplete idea of the way in which Government works, generally take for granted that whatsoever Government undertakes is accomplished. To those who stand near enough to Government to be intimately acquainted with its members, and the courses which they are obliged to adopt to keep things in decent working order at all, it is perfectly clear that Government has already too much on its shoulders. On the other hand, those who are far removed socially from Govern-

ment circles are apt to regard Parliament as a second Providence.

Whatever function the State undertakes in our social life must be fulfilled through the agency of a bureaucracy; and in what country has it ever been possible for a Government to make the appointment of its officials free from political, social, and family bias? Has it not been an universal experience that wherever a bureaucracy has been created, its tendency is to increase its numbers, its prestige, and its dominance? The children of bureaucrats become bureaucrats, and the parents naturally exert themselves to place their sons in good official positions. Thus it seldom happens that the best man is appointed for a vacant post in countries where bureaucracy has grown into a power. Each additional function placed in the hands of Government increases the influence of the bureaucracy. If, therefore, the hospitals were placed under State management, the ranks of government officials would be considerably increased.

A glance at such institutions abroad as are under Government management should warn us against the folly of raising bureaucratic masters over us: for in many continental States it is evident that the officials do not exist for the sake of the people, but the people for the sake of the officials. In England, it can still be said with a certain amount of truth, that the officials are the servants of the public. Here unhampered manhood suffrage controls the

Government, an unfettered press throws a vivid light on the doings of all authorities, and yet we find that bureaucracy is already a power. Its social influence and its *esprit de corps* form around it a barrier against public investigation and public control. Any minister who attempted to step beyond it and peremptorily redress abuses would be unable to maintain himself in power. Any rash attempt in this direction would set the whole body of officials against him, and bring the Government to a deadlock. Hence the glaring difference between the results of Government and private management.

A host of English medical men who have visited the Government-managed hospitals on the Continent will testify to the baneful influence which officialism exercises over such establishments. It is only too conspicuous in all of them that, no matter what interest is dominant, the poorest and non-paying patient is the least considered.

The votaries of Socialism are apt to quote certain examples of Government administration, abroad and at home, which they look upon as unqualified successes. Thus the German army is held up as an illustration of good Government management—of how perfect a military system has been established at a comparatively small expenditure. But the German army is in itself the outcome of bureaucracy, and every advantage which it presents is an advantage gained for bureaucracy at the cost of the

people. It is not surprising that militarism is carried to perfection in Germany ; for it is the support and the ally of a powerful bureaucratic system which would crumble without a strong army. In Germany the soldiers are paid nothing, but are compelled to serve. So long as they are with the colours, almost every hour of their life that can be snatched from rest, is either devoted to training or army work. If Germany is to be held up as an example of successful Government management, it should be proved that the German nation is free, prosperous, and happy, and not that it is sacrificed to a military system.

Amongst English institutions our Post-office has been pointed to as a socialistic success. But it must not be forgotten that the chief improvements in the Post-office have come from the outside, and have been forced upon it in obedience to party exigencies. As a Government institution the Post-office is a success. Regarded as a business, we have to deplore high postages, low salaries, tyranny over the employees, three or four hours for delivery of letters from the city to the west end, monopolist proclivities, and similar shortcomings—these are the characteristics of our Post-office as of all socialistic institutions. It is surprising that people who quote the Post-office as a socialistic success cannot perceive that this institution is based on two principles, namely, co-operation and Socialism, and that all the benefits which it confers upon us spring from the co-opera-

tive principle, while its drawbacks are traceable to the socialistic principle.

Our Voluntary Hospitals are the outcome of free co-operation, and to this fact they owe their enormous advantages over the State-managed hospitals of other countries. If we were to socialise them we should certainly deprive them of these advantages and inflict upon them the deteriorating bureaucratic taint.

It is easy to say, let us socialise all our institutions, but few people realise what this would involve. Their socialisation would only be part and parcel of the general socialisation. Such a development would enormously increase the influence of the bureaucratic caste, subject the people to stricter discipline, weaken the popular control and smother public opinion. Thus, the very conditions which have so largely tended towards keeping our present socialistic institutions within the bounds of moderation, and largely assisted them in obtaining the success they have obtained, would totally disappear. We should be surrounded by entirely new circumstances, altogether in favour of bureaucratic abuse and against self-defence—a state of things which only those Englishmen have experienced who have resided abroad, in countries where most of the institutions have been socialised.

As to the theory that those who are benefited by Voluntary Hospitals suffer more loss of self-respect than those who are treated in infirmaries maintained

out of the rates, it acquires all its plausibility from the gratuitous supposition that the State-supervised hospitals would be as well and as kindly administered as our Voluntary Hospitals.

In our so-called free country the citizen who presents himself at the workhouse or its infirmary to claim his right as a quondam tax-payer does not meet with a reception calculated to raise him in his own estimation. When this can happen to the free-born Englishman, the holder of a vote, a part-ruler of this great Empire, what might not happen to the poor working-bee in a socialistic hive, whose lot from birth had been compulsory labour, and who would be undefended by public opinion?

It is not alone the harsh treatment by the workhouse officials, and the marked difference which exists between the workhouse infirmaries and the Voluntary Hospitals, which cause the workhouse inmate to experience a sense of humiliation from which the patient in the Voluntary Hospital is entirely free. There is also the knowledge in the mind of the workhouse inmate that the doles he receives are not contributed voluntarily but obtained from the tax-payers by compulsion, and that this renders him a nuisance to his fellow-beings and constitutes him a pauper. On the other hand, the patient in the Voluntary Hospital receives from his fellow-men such tender care as a friend would receive from a friend, a brother from a brother, or a

child from a parent. He therefore can not possibly feel humiliated.

Those who maintain that the recipients of State charity suffer no humiliation often quote Mr. Ruskin as their authority. But I think that Mr. Ruskin and his followers must confess that in recommending the socialisation of our institutions, they have given no thought to the harsh treatment on the part of the officials, nor to the unwillingness of the contributors. It seems to me that before they attack that highest form of large scale charity, and that most Christian as well as most useful result of brotherly co-operation—our Voluntary Hospitals—they should, at least, submit a scheme of complete socialistic organisation, capable of bringing about such an Utopian state of affairs as their method of reasoning pre-supposes. Perhaps it might happen to them, as it has happened to many who have tried to ex-cogitate practical socialistic constitutions, that they would cease to advocate Socialism lest they should advocate slavery.

I have thought it useful to show how weak are the grounds on which some people, influenced by the protective spirit, base their excuses for not contributing to the hospitals, because there is every reason to believe that their number is considerable. If they could be brought to see what a calamity the socialisation of our hospitals would be, they might be moved to undertake a small part of the expense of institutions which are upheld largely for their benefit. For the voluntary principle has

this advantage, that all classes can, by contribution according to their means, save themselves the humiliating feeling of being directly or indirectly beneficiaries of institutions supported entirely by the charity of others.

There is one class of Londoner who contributes only a fraction of what they ought to do to our hospitals: I mean the employers of labour. From the manifold mills and workshops of London numbers of labourers are daily brought to the hospitals. They have injured their health, or met with accidents while working for their employers, and it is meet that the masters should evince a little more interest in the welfare of establishments from which they and their workpeople derive such advantage. With few exceptions, the contributions of such employers, who subscribe at all to the hospitals, fall considerably below the expenses incurred by the hospitals for the invalided men from their factories.

Employers of labour may object that they are not liable to supply medical aid to their men save in such cases as are provided for in the Employers' Liability Act. Those who are in the habit of transferring such liability to Insurance Companies might suggest that these companies should contribute to the hospitals instead of the employers.

But these arguments do not hold good. If there were no Voluntary Hospitals, there would be certain to be State or Communal hospitals, and to such the employers would be compelled to contribute, and

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this, despite any number of premiums paid to Insurance Companies. Besides, there can be no doubt that the assessors of the taxes would have to charge the employers under this head rather more than the hospitals spend on their working-men: for they would have to pay their share as citizens, and the other tax-payers, who employ no working-men themselves, would certainly object to pay for those of others.

Though the employers have no legal obligation to supply medical aid to their staff except under the Act, the fact that such good hospitals are ready to help those men who fall sick, or who meet with accidents when not at work, is a considerable advantage to the employers. The life of many a good working-man is saved, his absence from work is curtailed, while the happier state among the working-people, largely due to hospital influence, cannot fail to produce beneficial effects in the workshops.

Then, as to the Insurance Companies, it should be borne in mind that if it were not for the Voluntary Hospitals and the great progress made by medical science which they have promoted, the Insurance Companies could not take the risks they now do at the same low rates.

When all this is considered, I think it will be granted that the smallness of the subscriptions to the hospitals from London employers of labour is not only deplorable but shows great want of foresight.

There are many other classes in London besides employers of labour who, if they came to realise their relation to those who stand in need of free medical aid, would probably see their way to support our Voluntary Hospitals in a systematic manner.

Let us take, for example, the brewing and publican trades, a numerous and wealthy class whose fortunes have been largely built up by contributions from the poorer classes. I have no sympathy with the prohibitionists who are prone to blame the licensed victuallers for the poverty and crime which drink is supposed to produce. There must be somebody to supply drink, as well as other necessaries and luxuries of life. If the keeping of public-houses were not sanctioned by law, there would be secret dram-shops and more home drinking; if there were no respectable refreshment-places, there would be disreputable ones. There are grave doubts in many minds as to whether our licensing system is conducive to sobriety or drunkenness, and as this is a question which it would be cut of place to discuss here, I shall content myself by saying that the publicans are not responsible for our licensing laws. Regarded as a whole, I believe the publicans of London would be sorry to profit by the ruin of their fellow-men. Indeed, many of them are aware that this they cannot do, because if they were to induce men to ruin themselves through drink, they would only kill the geese that lay the golden eggs. But, however anxious a retailer of drink may be to carry

on his business without injury to his fellow-men, it still remains a fact that part of the business which enriches him impoverishes others. This the publicans cannot help, but they can subscribe to the hospitals in a reasonable proportion to their gains, as they now subscribe to many of their own institutions —for example, the Licensed Victuallers' Permanent Relief Fund.

The theatre-going public should remember that the great number of choristers, supers, dancers, and attendants, who contribute so much to the pleasure of the audience, are generally poorly paid. They might, in case of ill-health or accident, be exposed to great hardships, should they belong to those four-fifths of the applicants for admission to the hospitals for whom there is no room in the wards. Dramatic Benevolent Funds and Trade Unions there are of course, but these cannot increase the number of beds in our hospitals, and the fewer cases that are admitted, the worse for the Funds of such Trade Unions. Those Londoners who are sufficiently well-off to spend pleasant evenings at the theatres, and other places of amusement, might propitiate the Fates by a small sacrifice in favour of those who cater for their amusement. A slight contribution from every habitual theatre-goer, though a small matter to the individual donor, would bring in a larger amount for the hospitals.

While engaged on this work I have been more than once impressed by the amazing amount of

money spent on luxuries in London, and how a small portion of it would place our hospitals in a prosperous condition. It seems an anomaly that people should derive pleasure from decking their person with ornaments representing enough wealth to save many fellow-beings from misery and despair. Considered in the abstract, this love of display must seem a barbaric way of proclaiming one's own selfishness. And yet, I should be sorry to attempt to dogmatise on charity *versus* luxury. The question has so many sides: the moral, the religious, the æsthetic, the artistic, the diplomatic, and the commercial. To take only one—the commercial—this alone bristles with difficulties. It might clash entirely with the religious side, as was proved in Paris when the great Colbert was Minister of Finance. An eloquent monk was preaching against luxury with an effect akin to that of Savonarola in Florence. The Parisian ladies began to discard all useless fineries, and adopted a puritanical simplicity of dress. Paris was at that time, as now, the source of ladies' fashions, and the tabooing of luxuries spread first all over France and then to other countries. But, unfortunately, the trades of Paris consisted chiefly of the production of luxuries and fineries, and when orders ceased to flow in, the state of the industrial workers of the city threatened to become serious. Whereupon Colbert sent for the preacher and told him that though his precepts might be profitable from a religious standpoint, they were ruinous from a

commercial, and induced him to change his subject.

Though a general return to severe fashions may thus inflict grave injuries on poor producers of luxuries, we cannot flatter ourselves that we benefit the toilers or, as the phrase goes, do good to trade, by wasting our substance on pleasant superfluities in the matter of dress and food. Such a method of improving matters is frequently advocated by the superficial. To help others by making them minister to our foibles would be agreeable enough, as it would permit us to practise unselfishness in a selfish way. We might all of us have good reasons for displaying or enjoying such luxuries as we are partial to, but, certain it is, that labour which is expended on an article of luxury can not be expended on those necessaries of which so many are deprived.

Nothing could be more wrong-headed than to estimate the charity of persons by the simplicity of their lives; for experience teaches us that generosity and a taste for luxury often go together.

I have no desire nor intention to indulge in any wholesale condemnation of luxury. My sole object in referring to it has been to point out its relation to hospitals. As we are all aware, the production of the endless variety of little knick-knacks, on which it is so tempting to spend our money, involves hard, often unhealthy and ill-paid work. The well-meaning suggestion that we should avoid purchasing the products of the sweaters would be

impossible to carry out in practice, as we should not be able to distinguish them from fair-wage goods. It may be useful, therefore, to remember that we can benefit the producers of luxuries by not neglecting the hospitals, as we are too apt to do now.

In Germany an association has been at work for some years under the name of the Fechter Verein, which shows how much can be done for the few by the many at a minimum of expense. The members do not contribute any money at all, but save and send to the Society's headquarters such things which usually are thrown away as rubbish and only acquire a value when collected in large quantities. In this way a considerable amount is yearly realised, which is devoted to the maintenance of destitute children. I hesitate to give the number of the little ones provided for in this way, as the figures before me seem exaggerated. The late Emperor was the President of this Fechter Verein, and the members are recruited from all ranks of society, especially, as I understand, among young men.

I do not refer to this Verein in the hope that the German example will be emulated in this country. Circumstances are different here. Our time is far too valuable to be devoted even fractionally to doings productive of only small results. The hours it would take to collect, pack up, and send away, say, used-up steel pens, old newspapers, etc., would represent more money than such articles of waste would realise. Besides, among us, there is a disin-

clination to resuscitate wares which have already done service. But by adapting the methods to English circumstances the German plan of co-operation among young people might be utilised in favour of the London hospitals. A slight practice of self-denial would easily produce amongst us greater results than the laborious collection of waste materials. By abstaining from brandies and soda one day in the week, by consuming one bottle of wine, or one Havana the less, by now and then saving a cab fare, and by similar small sacrifices, a considerable amount could be raised for the Hospital Funds without entailing any outlay on the part of the contributors. The members of such a society would certainly benefit themselves. Many of us moderns are apt to regard acts of penance as out of date; but will not the practice of self-discipline be useful as a method of moral training, so long as man continues to be his worst enemy?

Some time ago it was proposed that everybody who gives a dinner-party should, before coffee and cigars, offer the guests an opportunity of contributing one shilling each to the poor. Here again is an idea which is capable of being turned to account in favour of the hospitals. If it be true, as was once said, that no man can be religious with cold feet, it must be true that no man can be charitable when hungry. The natural corollary of this should be that the right moment at which to reach a man's heart is at what Lord Beaconsfield in "Lothair" called the

happy moment of the day—when the fragrant Moca produces a mild and Oriental ecstasy, and lends to our view of the world and of ourselves that roseate hue which in the imagination of Osmans conjures up a glimpse of a material paradise.

But there is a grave defect in this idea of exploiting the softening of hearts in favour of the hungry poor which a good dinner brings about among the rich. To expect a host to solicit contributions from his guests is to place him in an invidious position, especially as he cannot know to what extent his friends may practise secret charity. A better plan would surely be for the host to send, say, one shilling to the hospitals for every guest he invites. To many a generous man it might be a solace to feel that while feasting the unappreciative wealthy he was extending his hospitality to the appreciative poor. Once such a fashion were set on foot, the guests would often request the host to add their contributions to his.

All these things, and many more, Londoners could do for the hospitals, and thus save the inhabitants of this great Metropolis from the disgrace of having such a splendid opportunity of genuine charity taken from them. The alternative is that, under the lash of the tax-gatherer, they will have to pay heavily for bad hospitals. It was once said by the present King of Denmark, when his Parliament refused to vote funds for his horse-guards, "A nation that does not want horse-guards does not want a king." It

may be said with equal perspicacity that a people that cannot maintain its Voluntary Hospitals cannot maintain an Empire.

It is humiliating for London that the yearly subscriptions to the general hospitals represented in 1889 only 8·64 per cent. of their total income, while the provincial hospitals received in 1889 28·58 per cent. of their income in subscriptions. Or, to put it in a different way, while the total income of the general hospitals of London was £412,077, of which annual subscriptions brought in £35,590, the provincial hospitals, with a total income of £443,731, received £126,808.

From all that I have said in this and the foregoing chapter, I think it may be fairly concluded that what Londoners do for the hospitals is entirely out of proportion to what the hospitals do for Londoners.

CHAPTER VI.

THE ORDEAL OF CRITICISM.

"*It is much easier to be critical than to be correct.*"

IMPORTANCE of Criticism—The Hospitals and their Critics—The Danger of Attacking the Hospitals—The Enquiry before the Lords' Committee—The Influenza Epidemic—How Injustice may be done to the Hospitals—A Case in Point—The London Press and Hospital "Scandals."

BENJAMIN FRANKLIN, philosopher and diplomatist, was of opinion that we commit a great mistake in not cheerfully accepting criticism: for by resenting censure we discourage our friends from criticising us at all, and thus deprive ourselves of our best chances of self-improvement. I have always admired this wise maxim, all the more as observation has taught me to what a great extent criticism, friendly and unfriendly, assists a man to temper his soul in the bracing waters of truth, and thus maintain it in youthful vigour.

The successful man, who is ever surrounded by dependents, whether at home or in his business or profession, all ready to meet his smallest wishes, and who would resent correction, is apt to rise enormously in his own estimation. He soon quells

censure of any kind, and his family dependents take good care to pamper him. The result is that such a house tyrant soon attains to worse than second childhood and becomes prematurely old. Not so with men who are freely exposed to criticism. Take, for instance, our great politicians. Everything they do, every word they utter, is jealously watched by political opponents, and the first sign of weakness, self-indulgence, or age, is seized upon and trumpeted forth all over the world. Men like Mr. Gladstone, the late Lord Beaconsfield, and many others, no doubt owe largely that self-control, which public life enforces, to the advantage of having their faculties in better working order than men of half their age.

What is true of men in the matter of criticism is also true of institutions; and I should not be a friend of the Voluntary Hospitals were I to discourage their critics. But there is criticism and criticism, and our Voluntary Hospitals are in a peculiar position which entitles them to considerate treatment at the hands of censors. If we criticise an author or an actor, the public can judge for themselves whether our appreciation be justified, and if it is, the author and actor have learned something and can mend their ways. If we unfavourably criticise Government officials, it is for their chiefs to either clear them or correct them; and there the matter ends. But if we attack the Voluntary Hospitals, we propagate statements which

the public, in nine cases out of ten, is unable to verify. Nor is this all. Censure upon their management could have but slight coercive effect on those in power, as the most responsible among them give their services for nothing. But the effect it is sure to produce is a falling off of contributions. While, therefore, we hold up for public inspection, errors or shortcomings of hospital officials, in the belief that we serve the interest of the poor sufferers, we actually inflict punishment upon the poor men, women, and children for the mistakes of some member of a staff.

From what we hear in private conversations, and what we read in letters to the papers, it is evident that a great number of people think that the Voluntary Hospitals exist specially for the benefit of those who manage them. For, when something goes wrong with one of the half million cases which are yearly dealt with, often under the most trying circumstances, there are plenty of hints that if such a thing should happen again, the fountain of charity should cease to flow.

It is a pity that the zeal in pointing out one defect should cause all the immense good accomplished to be overlooked, that in order to reprimand one official, suffering should be inflicted upon a vast number of patients. We know by experience that the harshest critics are found among those who do not work for the hospitals, and who fail to contribute to them. This is not unnatural: for those who take

an interest in these gigantic charities generally realize the difficulties to be overcome, the immensity of the task, and the meagreness of the resources.

There is certainly no occasion to jump at unfavourable conclusions at the first bruiting abroad of shortcomings. The Enquiry before the Lords' Committee on Hospitals, has given our voluntary system a testimonial which should go a long way towards cautioning irresponsible censors against mere conjecture. Lord Sandhurst, Chairman of the Committee, gave expression to the opinion that the Voluntary Hospitals in London are about the best managed, and the freest from defects, of any institutions in the world. Such a tribute from such a source should serve as a deterrent to hasty criticism, and induce the would-be critic to carefully investigate facts before taking upon himself the responsibility of diverting other people's subscriptions.

It often happens that sheer ignorance is at the root of unjust comments. Thus, for example, there was during the influenza epidemic an often repeated complaint, not to say outcry, against our hospitals for not admitting influenza cases. It was of course not known that influenza, being a highly infectious disease, is necessarily excluded by the rules of every well-regulated general hospital. If the officials had yielded to such unreasonable demands, and had admitted influenza patients in the general hospitals of London,

where the beds are too few for legitimate cases, they would have committed a great error and caused indescribable misery.

To show what an injustice may be done to the hospitals by criticism without a knowledge of facts, I shall here refer to an incident which took place during the influenza epidemic. I feel all the more impelled to do so, as the gentleman who thought he had a serious grievance managed to get it published in a newspaper, thereby causing considerable harm. This gentleman, with ample means to provide for his household, who wished to get rid of a servant attacked by influenza, placed the poor woman in a cab and sent her off to the nearest general hospital. On the authorities declining to admit her, he caused her to be driven from one hospital to another, though the weather was cold, and the risk to the patient's life considerable. At last the authorities of one of the large hospitals to which the servant was brought took the case in hand, and telephoned to those of an institution admitting paying patients, and asked them to receive the case. This they did ultimately, and the servant was properly provided for, despite the inhumanity of her master.

Here, then, is a case where a man, whose duty as a master it is to look after his servants, hastens to shift his responsibilities on the shoulders of the general hospitals, regardless of the consequence to the servant or the inmates. On the other hand, we have the officials of a general hospital, whose duty

it is to exclude influenza patients from the wards, impelled to provide for the girl from motives of pure humanity. Yet the general hospitals get publicly attacked: they are warned that their subscriptions may decrease, though from no fault of their own.

I have quoted this occurrence, not as an example of a master's neglect of his duties, but as an illustration of the misconception which exists with regard to our hospitals, and the deplorable errors which may result from thoughtless criticism.

Innumerable subjects come under the notice of the press. The promptitude with which matters of interest are placed before the public is astounding; and it would need omniscient and ubiquitous editors and sub-editors to prevent every error and misrepresentation on the part of their contributors and reporters. As, however, misrepresentations which discredit our hospitals inflict extra sufferings on poor patients, I feel sure that no London editor will resent the suggestion that, when sensational communications headed "Another Hospital Scandal," are brought to him, he might cause special inquiries to be made before giving publicity to the censure. The London Press has always shown its readiness to admit legitimate corrections of erroneous statements, as well as to express its sympathy with the hospitals and the poor. But a correction of a misstatement in one issue of a journal which has found its way into a previous issue does not always obliterate the impression produced. An alleged scandal

becomes the topic of conversation, and is rapidly spread, while the subsequent correction receives but little attention. Many of those, moreover, who have helped to spread the scandal would probably boycott the correction. As reports of mismanagement of hospitals are apt to produce extraordinary impressions, because they tell of undeserved and unnecessary suffering in quarters where relief and charity prevail, it seems justifiable to plead that criticism of our hospitals be deferred until a judgment can be formed on evidence.

CHAPTER VII.

THE RESPONSIBILITY OF WEALTH.

"Expose thyself to feel what wretches feel,
That thou mayst shape the superflux to them,
And show the heavens more just."

DIFFERENT Views regarding Wealth—Definition of the Word Wealthy—The Millionaire and the Pauper—Power over other People's Work—Charity of the Wealthy Classes—Cheap Luxuries—Cause and Effect—The Monied Class and the Toiler—A Practical Method of Charity—Misinterpretation of Christ's Teachings—Christianity and Socialism—The Jewish Prophets and a Future Life—The Buddhists—The Essence of Christianity—The Parable of the Talents—Personal Charity and Charitable Agencies—The Blessings which Flow from our Hospitals.

PEOPLE'S opinions as to the responsibility of wealth differ widely. To begin with, the opinion of the poor is diametrically opposed to that of the rich; and I have noticed when a poor man begins to accumulate wealth, his views, as to the responsibility which goes with it, are apt to change. But, apart from such reasoning as is the unsophisticated outcome of human nature and individual standpoint, different views exist regarding what is incumbent on the wealthy, even among those who, uninfluenced by circumstances, strive to elicit the truth.

I do not pretend to lay down a doctrine upon a

question which has ever puzzled the world. But I will attempt to point out one cause of dissension which, when removed, will allow of a greater concensus of opinion.

This cause of dissension is the want of a definition of the word wealthy. Most people, poor and rich alike, think that they know very well what it is to be wealthy. But the following parable should serve to show that the definition most people would give does not accurately describe the meaning which the word wealthy has in our days, and should, at the same time, throw more light on the question than can be done by any dry definition.

There were two men in New York who happened to be very like one another in appearance. The one was a millionaire, the other a pauper. The millionaire determined to settle in England. He sold his land, his town possessions, his bonds and shares, his furniture, and everything he possessed, save such things as he required for the journey. For all these worldly goods he received a draft on London, which he forwarded to a bank there, and took the first steamer to Liverpool. On the same vessel was the pauper working for his passage across the Atlantic. The steamer was wrecked on the Welsh coast, and both the millionaire and the pauper saved their lives by swimming, but saved nothing else. When they reached the shore, nobody would have been able to tell who was the rich or who was the poor man. Besides their appearance there was

another remarkable point of similarity between them: neither of them could point to a shelter, a rag of clothing, or a scrap of food as his property. All the property which had belonged to the rich man in America was in the hands of others, and all the property in England had other owners. Still the one remained a millionaire and the other a pauper. The one could order clothes and food, travel straight to the best hotel and live on the fat of the land, while the other had to beg his way.

The question of course arises, where was the million? It was wherever the millionaire liked to find it. The great difference between him and the pauper was, that his name was written upon the page of a ledger in a bank and, under it, on the right hand side, the figure one and six noughts. This little formality enabled the millionaire to take for his use land, houses, furniture, and anything else he chose, including other people's services.

From this it will be seen that the correct definition of the word wealth, when applied to an individual, is the right to dispose of other people's services and command the result of other people's work.

The wealthy are therefore in the same position as an absolute despot or a large slave-owner, with the only difference that their power is limited by the amount of accumulated rights in their hands, and by the want of such rights in others. The wealthy can, if they desire, given certain circumstances, re-

duce the poor to utter misery, through, for example, harsh contracts, usury, etc. They can take the life of the poor so long as they are careful not to infringe the law. It is done every day through over-work, starvation wages, unhealthy workshops, and neglect.

The fact that wealth simply means the power over other people's work, proves that a few large individual fortunes are only possible through great poverty among the many. For, if the poor were to acquire wealth, that is, a certain amount of power over others, such an acquisition would neutralise a corresponding number of rights among the rich, and in a country where all the inhabitants were equally rich they would be equally poor.

When we consider that all the enormous advantages which the wealthy enjoy in a country like ours spring from the fact that there are such vast numbers of people who are poor, it is not to be wondered at if the possession of wealth brings with it a strong sense of responsibility, even in those in whom it has not been implanted by moral or religious teaching. This sense is natural to all, and seems to be the inevitable outcome of the true relations between rich and poor, though these relations are not understood. Though it is generally felt it is by no means widely acted upon. Pessimism, class-hatred, worldly wisdom, induce many to look upon this sense of responsibility as a weakness to be overcome. There are many among the wealthy who have never realised

that the comforts and luxuries they enjoy are the result of the poverty of others. The question of responsibility, therefore, never occurs to them. They are readily persuaded that poverty, as a rule, is self-inflicted; they make much of the theory of the survival of the fittest; and they dismiss all thoughts of the unfortunate, with the text, "For the poor always ye have with you."

The wealthy classes of England are far from uncharitable, and once they realise that others bear for them the hardships of life, and that they bear them bravely and cheerfully, the beneficiaries, the rich, will certainly take a greater interest in their benefactors, the poor.

Even a small amount of wealth can nowadays command a considerable amount of comfort and luxury, because industry is so highly developed, and production is carried to such perfection. Science, machinery, and ability are important factors in our industrial progress, but intense application to piece-work, keen competition, and low wages have much to do with cheap luxuries. We could not get so much for our money if others did not get miserably little for their work—if they did not subsist on the smallest possible means. When, therefore, we can dress ourselves comfortably and even luxuriously at small cost, we should not forget that it is because so many poor men, women, and children are so wretchedly clad. If we can enjoy a delicious little dinner at small expense, we should

remember that it is because so many subsist on little food—so many starve.

Though it is good for all, and not least for the wealthy, to impress these stupendous truths on our minds, we must not commit the mistake so general now among politicians, economists, and would-be reformers, of confounding cause and effect. From the fact that the advantages of the wealthy spring from the disadvantages of the poor we must not rashly conclude that destruction of individual wealth would benefit the poor. The inequalities in the division of fortunes can be abolished by levelling downwards; but the lot of the toilers would not thereby be improved. On the contrary, it would bring about not merely general poverty, but absolute famine. The existence of great wealth in a few hands is, therefore, not the cause of the suffering of the poor, but one of the features of the system under which production is accomplished.

This system can be amended; but the tendency is not to amend it, but to alter it from a partially individualistic to a complete socialistic system. If this change is ever accomplished, the new state of things will deeply disappoint its advocates; for they will find that the compulsion to work for the wealthier, which hunger and cold exercise over the poor, will not have been abolished, but simply replaced by the compulsion to work for the Government, exercised by overseers, police, and a huge standing army, all of which will involve harder work, less reward, and less freedom.

The indispensable condition of all civilisation is the organisation of production. If we are not prepared to adopt official compulsion or slavery, there is no other method possible than the competitive system of modern times. This, at all events, has the enormous advantage of leaving man, comparatively speaking, a free agent, of opening up chances for ability and enterprise, and of establishing an immutable solidarity among all classes.

In this free system the wealthy render the community the important service of accumulating, guarding, and supplementing capital, without which modern work would be impossible. It is, therefore, of the utmost importance not to countenance the idea that individual wealth is the obstacle to prosperity among the masses ; and this in spite of the fact that out of the comparative poverty of the masses arise the privileges of the rich. Those who attack individual wealth in the hope of thereby benefiting the poor commit the folly of supposing that effects will produce their own causes. The poverty of the toiler enhances the value of wealth ; but the wealth of the monied class does not increase the poverty of the toiler. To destroy the rich in order to benefit the poor would be as absurd as to force up the quicksilver column in a barometer in order to produce fine weather.

But, unfortunately, as we all know, the animosity against the wealthy classes, which threatens to be the characterising feature of the close of the century,

springs from ignorance of such truths. And this leads to the question of the responsibility of the wealthy to themselves and to their country.

If the rich use the immense power which wealth confers in such a manner as to aggravate the position of the toiler, they intensify the discontent and undermine the basis of society far more than could the most reckless demagogue. A rich man can, by the use he makes of his fortune, assist anarchists and dynamiters more effectually than the most daring desperado. He succeeds in maddening the honest worker and the sincere enthusiast, whom the firebrands fail to move. The wealthy man can, if he so choose, take his pound of flesh: the present laws of England allow it. He cannot do this without shedding many drops of blood, without the sacrifice of human life; but on such terms he renders his caste guilty under the law of Nemesis.

The duty of the wealthy to themselves and to their country is, therefore, to use their wealth and power in such a way as to make the lot of those who are born in poverty, who are left behind in the race of life, as bearable a lot as possible.

A time will, no doubt, come when discontent will be less rampant, and when men and women will have learned to look more to their own personal qualifications and exertions, and less to political reforms, as means towards improving their condition. But such a state of things is far off, and at present the tendency is the other way. In the meantime the responsibility of the wealthy daily increases

In spite of bad laws, defective systems, prevailing prejudices, there would be no class hatred were men to adhere strictly to the teachings of religion in the matter of charity. I say deliberately religion and not Christianity, because the Jewish, the Mahomedan, and the Buddhist creeds hold up charity as a cardinal virtue. It is not my intention to add one more to the many treatises and discourses upon the evils of this life, all of which end with the foregone conclusion that we should be happier if more religious. But, in view of the fact that in this country there are a great number of sincerely religious people who, on religious grounds, are willing to exercise all the charity in their power, it may be useful to disentangle the perplexities which confront us, and thus arrive at a practical method of charity.

It is useless to disguise the stern commandments which Christ has given us. The text which says that it is easier for a camel to go through the eye of a needle, than for a rich man to enter into the Kingdom of God, summarises Christ's opinion regarding the responsibility of wealth. We have heard many ingenious, and sometimes even amazing, explanations of this passage. When a wealthy parson preaches to a wealthy congregation, the plain, literal interpretation of this text must, to say the least, appear embarrassing. One accepted explanation of the text is extremely quaint. It is to the effect that the phrase used, the

needle's eye, does not actually refer to the eye of a needle, but to a small gate in the wall round Jerusalem, through which a loaded camel could not pass, but through which a saddleless camel could squeeze by going down on his knees. This interpretation bristles with pretty suggestions for symbolic discourse. Thus, it might be said, that the rich man's soul can enter heaven if it unburden itself of its load of wealth ; that the millionaire can gain salvation by kneeling in prayer; that many wealthy people prefer the high and wide gate, and so forth. It is strange that this little gate in the walls of Jerusalem was not discovered before. It is evident that the old churches, and especially the Catholic Church, did not explain away the meaning of the text, for poverty was one of the vows of most of their religious communities. Then again, look at the moral to which the accepted reading points. Does it not obviously illustrate that a man can, after all, serve two masters, God and Mammon—a thing so utterly opposed to the whole of Christ's teaching? There are many other passages recorded of Christ's sayings which cannot leave any doubt of the meaning of His teachings and the example of His life.

Did He not impress His disciples with the sinfulness of hoarding riches? Indeed, the first Christian community thus came to be based on socialistic principles—it condemned the retention of wealth for personal purposes.

To such an extent had this leading feature of

Christ's teaching been obscured that the cry, "La propriété, c'est le vol," emanated from free-thinkers as a protest against Christianity. These men had studied religion in the Church, instead of in the Scriptures. But in England of to-day, on the other hand, the advocates of Socialism have not failed to perceive how great a support can be drawn from the New Testament in favour of their Utopian dreams. Many years ago a foreign friend of mine told me that Socialism would never be acceptable to England until it assumed a religious guise, and that, then, it would prove irresistible; and it cannot now be denied that many preachers are becoming popular by blending Christianity with Socialism.

Few people seem to realise what should at once be patent to anyone who studies the recorded words of Christ with an unbiased mind. His whole desire was to elevate and improve humanity —to promote terrestrial happiness, as a means of preparing us for a spiritual life. This, there can be little doubt, is the true explanation of His allusion to God's kingdom on earth. The Christian religion has thus naturally become the religion of civilisation. The Jewish prophets spoke seldom of a future life, and looked for reward and punishment in this. They avowedly made earthly bliss their great aim, but their religion has not succeeded in realising it, while the Christian religion, which a[illegible] makes celestial happiness its aims and t[illegible] happiness the first stage, has found v[illegible] over the globe. The Buddhist relig[illegible]

at many things, but certainly not at terrestrial happiness. With its stern precepts of self-sacrifice, it is more calculated to produce painful asceticism than earthly bliss.

What Christ impressed upon us was the misery which follows from man's selfishness. He strove to show that a community of human beings resolved upon securing advantages each for himself would be a hell upon earth. He also wished us to realise that, on the other hand, a community in which each individual resolved to do his utmost for his fellows would achieve the highest degree of happiness. This is the essence of Christianity. If applied and used as a guide in our social system, amazing results would be achieved; and then we should recognise, in what the theologians call the Christian Brotherhood, that natural law—the solidarity of humanity.

If we bear in mind that Christ wished to impress the minds of the people with the truth, that by mutual aid they would attain to far greater happiness than by general enmity, the meaning of His doctrines regarding wealth cannot be misunderstood. Only by sharing their fortunes with the people could the rich in Palestine two thousand years ago have brought about the desired brotherhood. The actual giving away of their money was of secondary importance in those days. The main object in view was general happiness—God's kingdom on earth. The rich man, who, under the social system of that period, clung to his wealth for selfish motives—

and thus allowed misery to grow up around him—was condemned by Christ.

If we apply Christ's words to modern circumstances, their meaning is evident: we must remember that we hold wealth, not for the purpose of gratifying selfish desires, but in trust for the general good. This interpretation is confirmed by the Parable of the Talents. No rich man would intelligently carry out Christ's precepts who gave away his fortune without considering the consequences to society. To keep it and use it for good ends would be better obedience. He is not the rich man referred to by Christ, except when he is selfish and when his actions are detrimental to society; he does more than give away his wealth when he uses his fortune in such a way as to favour the general well-being, and permanently benefit the sufferers from poverty. The man who has dedicated his fortune and his life to good causes does not die the rich man's death, alluded to by Christ, as unable to enter Heaven. He is the faithful servant who returns to his master after making good use of the talents entrusted to him.

Those wealthy English men and women who have resolved to be guided in their lives by Christian tenets, can have no doubt about the duties Christ has imposed upon them, nor need they be perplexed by apparent contradictions between His words and modern social science: for if they study the spirit rather than the letter of their

Master's precepts, they will find that, while Christ solemnly lays stress upon the responsibility of wealth, He always exhorts them to practise wisdom in the fulfilment of duty.

Thus, religion, patriotism, philanthropy, and self-preservation, all warn the wealthy to remember and fulfil their responsibilities to their poorer brethren. And, after all, this is the surest way of realising happiness. Neglect of urgent responsibilities can only end in self-reproach and degradation. The consciousness of such neglect would bring a pang with every tale of woe, and would sit like a spectre at every feast.

But in this country there is fortunately not so much need to exhort the wealthy classes to charity as to point out the best way in which charity can be practised with really good results. Large amounts intended for charity are yearly wasted on unworthy objects. The number of institutions which appeal to the thriving classes for contributions is legion. They could be divided into two classes, the useful and the nugatory. The latter class again could be subdivided into those promoted by rascality and those promoted by fanaticism. Looked at under the lens of logic, many would fall into the last category which now enjoy a reputation of great usefulness.

We have had specimens of many vast schemes munificently supported, which, though they looked alluring on paper, have been wrecked on the old and

well-known rocks of faulty economy and antagonism to the laws which regulate human societies.

It goes without saying that of all charity, direct, personal charity is the one to be first recommended. But, as I have already had occasion to say, there are large numbers of people whose opportunities for such charity are altogether out of proportion to the sum they are able and willing to devote to the victims of misery. Therefore, in a busy and wealthy country like this, charitable agencies are indispensable.

The subject of charitable agencies is one on which a large book might be written, and, were it written, our Voluntary Hospitals would have to be treated in the first chapter.

Where could we find institutions which, with such small resources, confer such a vast amount of good, not only on the poor and the suffering, but on society as a whole? The great danger of charity is the humiliation and corruption it may produce; but the charity exercised through our hospitals can have no such effect; for only those are directly benefited who are already dependent on somebody's charity —that charity from which, for some inscrutable purpose of Providence, no one can escape.

Nor is it often that the aid proffered by the hospitals is abused. There are, of course, malingerers, hypochondriacs, to be met with, but they are, as a rule, easily detected, and do not inflict great loss on the hospital funds.

What makes illness among people of meagre

means such a terrible calamity is the era of evils which it marshalls in: cessation of wages, large expenses, loss of situations, indebtedness, and broken up homes. Anyone who has reflected on causes and consequences must have been struck with what an interminable series of consequences may flow from one small cause. Scribe does not exaggerate when, in his "Verre d'Eau," he makes a glass of water produce a change of government and peace with France. History shows that the most trivial incidents have, by their consequences, enormously influenced the destiny of humanity. Thus, the evil that happens to one man may bring untold misery, degradation, and vice to thousands from generation to generation: for every incident in each man's life affects the future of himself and others, and so long as the world lasts each consequence becomes in its turn the cause of many other consequences.

It must, therefore, be of the utmost importance to contemporary or future society to save a man or a family from the many causes of evil which follow in the wake of sickness. From this point of view the blessings which flow from our hospitals are incalculable and eternal.

If it were given to the wealthy of this country to behold in this or in a future life the good their wealth has produced, or the evil it has prevented, they would find that whatever they have spent on the hospitals has been a splendid investment.

CHAPTER VIII.

THE PRESENT NEEDS OF OUR HOSPITALS.

"*Work without hope draws nectar in a sieve,*
And hope without an object cannot live."

NUMBERS Refused Admittance to the Hospitals—A Sacred Duty Neglected—Proportion of Beds to the Population—Country Patients in London Hospitals—London's Charity to Non-Londoners—Income below Expenditure—The Wealth of London—The Amount Required—Sanitoriums Abroad—Redistribution—Out-Post Hospitals—Usefulness of Branches—The Need of more Personal Service—House Visitors—Cramped Sites.

To all Londoners who are proud of their city it should be humiliating in the extreme to learn that our duty towards the indigent sufferers is badly fulfilled in consequence of insufficient means; that out of six adult applicants for treatment in the hospitals only one is received; and, what is worse, for each child-patient which gains access to the hospitals, three little sufferers are sent away. This refusal of assistance to vast numbers who stand sorely in need of it, creates sufferings and troubles in the homes of the poor to which clergymen, doctors, and other visiting friends can testify.

Why should London be so deplorably back-

ward in the performance of a duty that every religion in the world enjoins,—a duty that cannot be neglected without violating our best instinct? The number of hospital beds in London is only 2 to each 1000 inhabitants, and by the influx of cases from the country, only 1 bed to 1000 is available for the London poor. The great medical skill, the wide experience in curing and in operating which the Metropolis affords, the want of well-conducted hospitals in country districts, the predilection of country practitioners for those hospitals in which they have studied and which they can trust—all this naturally tends towards filling a portion of the available beds with country patients. Many of these could no doubt pay for the relief they obtain, and others could probably make a partial contribution. It seems to me just and desirable that something should be done to induce such country patients as can pay to discharge at least a portion of their obligation to the hospitals. As matters now stand the teeming millions of London can only count upon one bed per thousand, a proportion which is unique among the large towns of Great Britain. Glasgow, Newcastle, Wolverhampton have $3\frac{1}{2}$ beds per 1000; Edinburgh, $3\frac{3}{4}$; Dublin, $6\frac{1}{2}$; Norwich, Belfast, Brighton, Liverpool, Manchester, and Bristol have an average of $2\frac{1}{2}$ beds per 1000. If, again we compare London with the other capitals of Europe, we find that our Metropolis is deplorably deficient in hospital accommodation.

The London Voluntary Hospitals provide upwards of 8000 beds, of which, sad to say, about 2000, or 25 per cent., are unoccupied for want of funds.

It is want of funds which prevents the development of our free hospital system to the extent which is needed, and which the fair name of London demands. When I speak of want of funds, I do not, of course, mean that London as a whole is too poor to supply the trifle required for the hospitals; nor that there is more callousness or selfishness here than in other places. That the upper and upper-middle and well-to-do working-classes could supply ten times the amount required without perceptible denial, is, in my opinion, a fact; and that we Londoners are ever ready to relieve sufferings, not only here but in any part of the globe, has been proved over and over again. What is wanted is a general awakening to the present disgraceful state of things —a recognition of the sacred duty we neglect.

The reliable income of the Voluntary Hospitals is, or at least was in 1891, £250,000 below the expenditure, with two thousand beds empty. The utilisation of these would necessitate another £120,000. To bring the occupied beds up to 2 beds for each 1000 inhabitants would entail £300,000. The deficiency in the income of the hospitals may, therefore, be put down at £670,000.

This amount would be easily obtainable in London, for it contains thousands of millionaires, or, at least,

people who have the incomes of millionaires, a capitalist class which invests hundreds of millions in bankrupt foreign Governments and foolish foreign enterprises, tens of thousands of shopkeepers, traders, and skilled artisans, whose incomes exceed those of many a foreign Minister of State, and a vast body of officials who divide between them a goodly share of our hundred million Budget.

My belief is that twice the sum of £670,000 could easily be raised in London for the benefit of destitute sufferers. This would represent only about six shillings per head of the population, or about three halfpence per week. And yet so small a contribution would confer immense advantages on society, for it would be used on the principle of voluntary co-operation, free from the socialistic and bureaucratic taint. Such an addition to the income of our Voluntary Hospitals would enable London to give extension to other institutions connected with them, such as Medical Schools, Nursing Institutions, and Convalescent Homes.

Without being a medical man I think I am safe in concluding that if change of climate and winter residence in such countries as the Riviera, Algiers, and Egypt can save the life of the wealthy and their children, it should do the same for the poor. It would be easy for Londoners to complete the hospital system, which I hope may one day be their pride, with Convalescent Homes and Sanitoriums in suitable climates. They might be so managed as

to benefit not only the poor who cannot pay at all, but also those who can pay the low rate of expenses which co-operation can effect, though not the considerable outlay involved in individual residence abroad. I do not expect the average Londoner to rise to the moral height of Ibsen's minister, Brand, who sacrificed the life of one, his own child, for the benefit of the many. But it seems to me that when we allow useful human life to perish, which could be saved at the expense of a few pounds, the question arises, How do we stand with regard to the sixth commandment?

One great need of our present hospital system, —one great object for which funds are needed, is redistribution. One effect of the want of system which, as I have already pointed out, has characterised the development of the hospital movement, is that the establishments are too close together—all in the central districts. From this several serious drawbacks accrue. The sufferers have to be taken long distances, when they come from the outlying districts, and their transport is inconvenient, painful, and often dangerous to life.

The different districts not having their special hospitals, the choice made by patients is often erratic, and they are frequently taken far greater distances than would be required were it the rule or the custom to go to the nearest hospital.

One bad consequence of the inadequate distribution is that inhabitants take no interest and no pride

in an institution the existence of which might be a matter of life and death to them. Nor have they sufficient knowledge of the hospitals. As a rule, the average Londoner has never set his foot inside a hospital, and, as matters now stand, few are likely to enter the wards unless carried there. This lack of acquaintance with the hospitals must be attributed to the absurd notions which many people have of such places. In the opinion of some these institutions mainly exist for the supply of subjects for dissection, while, as to fever hospitals, they are apt to be looked upon as the old-world pest-houses and as centres of infection. Such erroneous opinions are not only held by the uneducated, but by many persons who ought to be better informed. With such views current, it is not to be wondered at if the importance and the usefulness of our healing establishments are overlooked, and the interest in them is slight and ineffective.

According to the opinion of medical men and others who have given a great deal of attention to the question, a redistribution could be best carried out by the establishment of what I may call out-post hospitals in the centre of each district, especially in those inhabited by the poor. They should be branches of the great central hospitals, and be connected with them. In this way the severely felt want of four thousand beds should be met. It has been estimated that this could be done by an outlay of £600,000 to £800,000, including sites and build-

ings. It can readily be understood what a boon such an establishment in the centre of each district would be, and what great services it could render to the working-man, whose career is now often broken because he and his family are left to struggle with disease in their own home. The inhabitants of the districts, especially the employers of labour, would certainly take a keener interest in a local establishment than in the far-off central one, and the friendly rivalry which would naturally spring up between the districts, with regard to the care of the hospitals, would be productive of most beneficial results. The prejudices against hospital treatment which, though disappearing, still exist, would soon vanish before a closer contact with these branches. A certain number of beds might always be kept in reserve in case of great fires, explosions, or similar calamities, causing a sudden demand for aid.

There is another great need that must be met before our Voluntary Hospitals can become what they ought to be—the need of more personal service. As a non-expert, I would say that there are many ways in which the personal services of the leisured class could be enlisted in favour of the hospitals, and of the poor sufferers in general. But, wishing to be as practical as I can, I shall only refer to one need in this respect, which is generally acknowledged to be strongly felt, and one which, it is to be hoped, will be speedily met. I refer to the personal services of

house visiting, a duty useful in itself, and indispensable to those who desire to educate themselves as governors, and to qualify for seats on the hospital committees. In the present undeveloped state of our hospitals there is room for about seventeen hundred house visitors, and, if London awakens from its present deplorable apathy with regard to the suffering poor, a far larger number will be required. The duties are light and far from unpleasant, and would certainly add a new and vivid interest to many a young man's life; and for any man who aspires to civic or political honours, or any public trust, the duty of house visitor to a hospital should be the initial stage.

The cramped condition of many of the hospital sites is another unsatisfactory feature which should be remedied as soon as funds allow. Adjacent properties should, in many cases, be bought, so as to make the site of the hospitals self-contained in one block, with no other building between them and the streets. In this way better working, greater ease, and more fresh air would be secured.

CHAPTER IX.

A PRACTICAL SCHEME.

Noblesse oblige.

LONDON and its Parliamentary Divisions—The Hospital Sunday and Saturday Council—Proposed Hospital Guilds—London Division Lodges—Congregation Lodges—Appointment of Officers—Prestige of Metropolitan Members—The Bellamists of America—The County Council—The Housing of the Poor—The Rookeries—Bad Housing—Socialistic Tendencies of the County Council—Better Method of Supporting Voluntary Hospitals—Effective Co-operation.

WHILE the needs of the Voluntary Hospitals are large and manifold, I think I am justified in saying that all the funds required to meet them could easily be supplied by London; that the willingness to help such a sacred and necessary cause is with us as much as with any community. What is wanted are suitable channels through which the offerings of the charitable can reach the hospitals, as well as information regarding their needs. I shall, therefore, proceed to show how an organisation could be formed for the awakening of an interest in our hospitals and the furtherance of hospital work.

The scheme, the outlines of which I shall submit, is, no doubt, capable of great improvement and

development, when elaborated by men who have a wider experience of hospital matters than myself. But I can say this for it, that it was in part suggested by the Hospital Association, that it is practicable, and that it involves no new mechanism, no extravagant expenditure, and no elaborate management.

London is already divided into such districts, each of which ought to have its own hospital, namely, the Parliamentary divisions. Each of these divisions have their member of Parliament, and their two County Councillors—national leaders of movements in matters affecting the people.

The divisions also contain churches and chapels, each represented by the ministers of religion, churchwardens, and sidesmen, who co-operate with the Hospital Sunday Council.

Each of these divisions also have factories and workshops, which are already co-operating to some extent for the benefit of the hospitals under the Hospital Saturday Council. These establishments are at present represented for hospital purposes by masters and foremen.

Thus there exists in London a complete organisation for hospital purposes, and all that it is necessary to do is to strengthen, develop, and vivify it. So far much of the work has fallen upon the shoulders of the ministers of religion, and the laity has not co-operated, or shall I say, has not had the opportunities of co-operating to the extent required

in order to bring our hospital system to that perfection which the interests of London and the nation demand. The ministers of religion have already proved their willingness to do all in their power, and as, moreover, they are in close contact with those classes mostly benefited by hospitals, and are looked upon by their congregations as the national leaders in noble and Christian work, they are indispensable to the proposed development.

It is now suggested that each congregation of all denominations should form a Hospital Guild of its own, each of which, for clearness' sake, may be called a Congregation Lodge. Through delegates elected by their members all such lodges would co-operate. The delegates of the Congregation Lodges would meet and act together, and might be called a Division Lodge. These Division Lodges, again, might send delegates to a meeting in which all the London Division Lodges would be represented, or else communicate direct with the hospital authorities. The work of the Congregation Lodges would be to make themselves well acquainted with the hospital requirements of the people; to qualify the members for election as house-visitors; to receive information from such philanthropic bodies in connection with their church or chapel regarding cases which ought to be treated in the hospitals; to supply information to the people about the hospitals, so that a sufferer can at once be taken to the right place; to hold meetings from time to time, at which

lectures should be given on subjects relating to hospitals, hygiene, nursing, etc.; to carry out, as far as possible, recommendations and suggestions coming from the Division Lodges; to encourage, by such means as may be thought suitable, contributions to the church or chapel collections on Hospital Sundays; to induce employers of labour belonging to congregations, or having works in the district, to organise a systematic collection among their men, and, if possible, to encourage their working people by coming forward as donors themselves, in a certain ratio to the contributions of the workers; to raise funds in any other way the lodges may consider expedient.

The nucleus of each lodge should be formed by the clergyman or minister, the churchwardens, the sidesmen of the congregation, the doctor of the district, and others—ladies or gentlemen—who take an interest in the movement. Gradually the number should be increased, until deemed sufficient for the work in hand. The members might be divided according to the various missions to be fulfilled, and thereby great extension could be given to the lodge without encumbering the management. A small yearly contribution might be demanded, if not of all the members, at least of some of them. All respectable people should be considered eligible.

I feel convinced that it will have the approval of all large-minded, educated people if I suggest that caste should be banished from the lodge. It is

recognised that in this country the opportunities for the different classes to meet are all too few. Complete social equality belongs, probably, to the unrealisable Utopias, and would most likely be as unacceptable to the poor as to the rich, to the untutored as to the learned. But for the different classes to systematically avoid each other when any good cause calls upon them to co-operate would be despicable snobbery, fraught with dangers to society. Charity to poor sufferers is surely a cause which ought to make Christians forget the differences which result from accident. If these lodges are established in the spirit of frank brotherhood they will confer a direct, as well as an indirect, benefit upon the country.

Each lodge should elect its own officers, who would have to give their services gratuitously. Simple rules should be framed for the management, and should have the sanction of the Division Lodge, in order to ensure harmonious working.

The Division Lodges should be formed, as already explained, by delegates from the Congregation Lodges. Their object should be to forward the information received from the Congregation Lodges to a Central Lodge; to arrange with the Central Lodge about the accommodation provided and the needs for further extension, and alterations of the institutions of the neighbourhood; to receive from the Congregation Lodges and remit to the Central Lodge all monies collected for the

hospitals; to arrange lectures on a larger scale, illustrated, for example, by magic lantern slides, or living pictures, and spread the knowledge of hospitals by any other means that may be thought judicious; to communicate with the hospitals as to available beds, and direct patients to the right institution; to encourage, in their turn, donations to the hospitals. Rules should be framed and officers appointed, as in the case of the Congregation Lodges, and, if required, a paid secretary should be secured.

Such is the scheme; and, though it might seem somewhat complicated to those who have not taken an active part in associations, I trust it may be found easy to realise.

For the initial steps, we must look to the London Members of Parliament, the candidates, and the County Councillors. The fact that those gentlemen may belong to different parties, need not stand in the way: charity and duty to our city, and to our country, should be independent of party politics. Our Members of Parliament, as well as our candidates, cannot fail to eagerly embrace the opportunity of rendering so conspicuous a service to their constituents at the expense of so little trouble, and hardly any outlay. It is meet that such a movement should be inaugurated by men who have undertaken, or who are willing to undertake, the care of London's interests at home, and all over the world.

The prestige and influence of the Metropolitan

Members, as well as their ability, would go a long way towards awakening London's conscience to a sense of what is due to its sufferers. To lend this prestige would secure to the members a popularity which no achievement in the House of Commons can bring about, because, so long as our constituencies are divided into parties, it is next to impossible to please all in legislation. To promote the welfare of the hospitals would be an item in their programme which would not expose them to cavil, or heckling; but convey to every elector the impression of genuine philanthropy and patriotism.

Party politics, necessary as they are considered to be, have their disadvantages. From what I hear from many quarters, the working-classes are not enthusiastically attached to either of the two great parties. According to what individuals say, the reason of this is that working-men consider that we have had too much legislation for the parties, and too little for the country, and that the same defect clings to the promises for the future. What the poorer classes of this country expect is perhaps not reasonable but natural; they wish Parliament to legislate in such a manner as to ease the pressure of competition which weighs so heavily upon them, and to render their share of the wealth they produce materially larger. This problem is not easy of solution, and it will be some time before either of the parties seriously tackles it. Meanwhile, nothing could be more beneficial than to stave off the serious conse-

quences which befal the working-classes through disease.

It is a tradition in England that Members of Parliament should be representative men outside St. Stephen's, as well as inside. To them this is both a responsibility and a privilege. Nobody knows better than they how fallacious is the now somewhat popular idea that the nation can be made virtuous and happy by Acts of Parliament, and how easy it is to commit mistakes if the impossible is attempted. They know how often recently passed measures have to be amended or repealed. Of the Acts during the present reign alone, over a thousand, it seems, have been already repealed. The scope of usefulness inside Parliament being thus so limited by circumstances, it is good that our representatives have the opportunity through the prestige which goes with their power to take the lead in anything which can effectively advance the welfare of the people, and stimulate personal and civic virtues.

What is here said of Members of Parliament, applies to a great extent to County Councillors. It is probably due to the party feeling which ran so high during the elections, that many of our County Councillors have been credited with extreme socialistic tendencies. If these really have framed a programme, similar to that of the Bellamists of America, a programme to gradually socialise all our institutions, it would be futile to suggest to them that they

should take the initiative in a movement, the object of which is to extend and improve our system of Voluntary Hospitals.

My belief is that few members of the London Council aim at complete Socialism, and even those who do would not refuse to assist a movement whose object is to lessen the sufferings of the working-classes during the transition. It is perfectly conceivable, and to my knowledge an actuality in a great many cases, that men, sensible of the sufferings of the poor, may advocate a great many socialistic measures without aiming at complete Socialism.

The County Council, like Parliament, exercises a considerable influence on its members, and there can be no doubt, that those who have been members for some years, will perceive that enthusiasm without logic is a dangerous guide in legislation. The experience which the County Council, so far, has gone through, has, no doubt, demonstrated what foreign legislation has taught us long ago—namely, that to legislate without heeding the laws of Political Economy and Sociology, is as perilous as to attempt to navigate a ship without a compass.

Thus the question of the Housing of the Poor, which has so long been before the public and the County Council, has been elucidated through discussion and experience, which allow of at least some absolutely irrefragable deductions. We know that pulling down rookeries means creating a wider

circle of rookeries; that building new houses, and letting them at their commercial value, does not benefit the poorest, because they cannot afford to take them; that to let them at a losing rate means to encourage thriftlessness at the expense of the thrifty; and that to build houses out of the rates is to paralyse the activity of private building. All this teaches us what we might have known before, that the bad housing is not the cause, but the result of poverty.

The constant discussions and the gradually gained experience may be regarded as sufficient antidotes against a blind impulse for a good cause; and in a few years the socialistic tendencies of the County Council will take a less acute shape. For me it suffices that its members are zealously considering how to ameliorate the condition of our working-classes. Where there is a will the right way is sure to be found in time. I have no doubt that the Councillors, irrespective of party, will all gladly give their support and their influence to the cause of the hospitals. To refuse it would be to endorse the censure of their enemies.

If the London Members of Parliament and the County Councillors are willing to initiate a movement in favour of a better support of the Voluntary Hospitals, and thus grapple with a most serious cause of suffering and poverty among the working-classes, all they have to do is to hire a hall in their division and call a meeting with the view of forming

a Hospital Guild there. Any member, councillor, clergyman, or any other friend of the sufferers who is willing to take the initiative, can, I think, count upon effective co-operation. For my part, I shall always be ready to put them in communication with those who, through long experience and unflagging devotion to the cause of the hospitals, are able to give most effectual assistance and trustworthy information.

CHAPTER X.

CONCLUSION.

"Hier stehe ich und kann nicht weiter."

THE Story of Swen Dufva—Generous Instincts—Stern Reality—Scepticism and Pessimism—The Sophistries of Malthus—The Feeling of Nationality—Mr. Fildes' Famous Picture—Peace and Harmony Among Classes—The Armament of European States—War of Races and Classes—Communal or State Hospitals not able to Replace Voluntary Hospitals—The Government and the People—The Socialistic Utopia—The Hospital Sunday Fund—Different Religions and Sects—Nathan the Wise—The Story of Saladin—The Moral Value of a Creed—Goodwill among Men.

DURING the last heroic struggle made by the Finns against the Russians, there was a country lad, Swen Dufva by name, whose brief and pathetic career the Finnish poet, Runneberg, recounts in one of his poems. Dufva wanted to be a soldier and joined the army, but, unfortunately, he was slow to learn his drill and exasperated the drill sergeant. He confounded right and left, and could not distinguish between the words retreat and bayonet. At last he was told that he would never make a soldier, but,

as men were scarce, he was, however, employed on the baggage-train. But the war thinned the ranks and Dufva had to shoulder a musket. One day he was told off with twenty soldiers to guard a narrow bridge of importance, but over which the enemy was hardly expected to come.

Suddenly, however, the Russian vanguard appeared on the other side, eager to cross before the Finnish army knew of its whereabouts. As the Russian army neared the bridge the young Finnish officer cried out, "Fire!" The volley was replied to, and of the twenty Finns only eight remained. "Retreat" was the next command, but, as usual, Dufva mistook the command and fixed his bayonet. He sprang upon the bridge where the first Russian had already set foot. Taking advantage of its narrowness he engaged in a desperate hand-to-hand fight with the most advanced of the enemy, who, awed by his daring, paused while the bulk in the rear were hurled by their officers on to the bridge. Holding a wounded Russian as a shield, Dufva dealt blow after blow upon his assailants. He held the bridge until the Finnish reinforcement came up. The Russian manœuvre was frustrated and victory was with the Finns. When the fight was over the Finnish commander asked for the man who had held the bridge. The answer came—"Dufva lies dead at the water's edge." The general recognised him, and pointing to a bullet-wound in the region of the heart, said, "This bullet had more sense than

we; it avoided his poor brain and went straight to his big heart."

Now, it is my ardent hope that this work may go straight to the heart of my countrymen: for only thus could it fulfil its mission. I know that I address a public with no lack of brain-power, and that the nature of my task has compelled me to appeal rather to intelligence than to sentiment. Yet it is to British hearts I trust for a favourable reception of this labour of love of mine. It is so much easier to advance a good cause when the sympathies of a people can be enlisted. When we judge and when we are guided by our hearts, our actions are so much more spontaneous than when we are piloted by reason. Our intelligence is a tree of knowledge for good or evil, and when it is made the master of the heart instead of its handmaid, the quality of its fruit is in danger.

We live at a time when intelligence has achieved great triumphs and we have learned to trust to it, and to expect still more from it. We have fallen into the habit of calculating, analysing, dissecting; and if it be true that all pain be real and all pleasure imaginary, we might make the reign of intelligence responsible for the dying out of laughter.

There was a time when knowledge was small and taken on trust; when good things were enjoyed without hesitation, and things of beauty beheld without theorising. The world was small, life was long, and its mysteries, transformed into

fables and phantasies, threw over it a glow of romance!

How different now! We, the children of the nineteenth century, know either too much or too little to abandon ourselves to fanciful impulse and generous instincts. To us the world is not an all-absorbing and all-important stage. We know that our planet is an insignificant grain in a mighty Universe, spinning around in endless space, supported by a power which we have named but cannot understand. We have measured and weighed other worlds, but do not know for what purpose they exist. We have studied our own bodies in every detail, but we know not who or what we are. We are born without knowing whether we have lived before, and we die without having attained to one single scientific proof of whether we are to live again, or whether we shall cease to exist. Many of the awful aspects of Nature are unveiled to us. Painful facts are made salient. We behold sufferings in all human beings, and even in irresponsible animals! Everywhere disenchanted fables, dispelled illusions, scattered ideals; reality, stern reality, is looming before us, in all its gloom, grandeur, and inscrutability.

Maybe our knowledge is as yet one-sided, and that we only behold the solemn and awful side of reality. Maybe its brighter and lovelier features have yet to be disclosed. Such, however, as our knowledge is, it has produced among us two maladies

of the soul—Scepticism and Pessimism. They often reign supreme in our minds but they never vanquish our hearts. With the famous sophistries of Malthus before us we might decide that any causes which destroy human life are welcome as a remedy against over-population. But when the cry of distress from a fellow-being in danger of perishing is heard, it goes to our heart, and we risk our life to save his. Abstractly speaking, the feeling of nationality can be proved an evil which has caused a frightful amount of bloodshed and misery. But if the cry went up that England's honour were at stake, we should at once be ready to take the field. The cruel methods of Nature and the miseries of mankind might tempt us to cry out "There is no God!" but the sight of an enchanting landscape, a beautiful human face or form, or even a tiny field-flower, thrills the heart to a sense of admiration of the Master behind those masterpieces.

It is the same with our sympathy for suffering. The mass of misery, agony, privation, that comes within our observation only through the medium of statistics, newspaper reports and hearsay, leave us comparatively cold. The generous impulses which reported suffering awaken in us are instantaneously checked; considerations of prudence, theories, and, perhaps, the thought that, against such hosts of evil, the exertions of one avail but little. But, when sickness, want, or danger threaten the life of the most abject being under our eyes, we are over-

powered by the divine spirit within. To do its bidding, we sacrifice more to save one, perhaps, worthless life than we would do to save a hundred noble lives of whose perilous position we have only heard.

To rouse the apathetic to generosity, and the generous to activity, is a work that could best be undertaken, as we know by experience, by our clergy, our great writers of fiction, our poets, our dramatists, and our artists. What I have chiefly endeavoured to do has been to sweep away the fallacies and prejudices which pessimists and sceptics raise up against liberal charity, and thus to leave the ground free to those more influential than myself to sway the heart of London.

And the power of the man who combines genius with talent can influence his fellow-beings enormously. Among last year's pictures at the Royal Academy was a now famous one by Mr. Luke Fildes. It was well calculated to quicken our sympathy with sufferers. It represented the fine type of an English medical man eagerly intent upon snatching the child of a labourer from the jaws of death. The spectacle of an evidently eminent physician sacrificing his night's rest and his probably valuable time in favour of a little patient never likely to compensate h m ; the full power of a great intellect brought into play in order to secure for the labourer's child all that could be done for a prince—all this so strongly brought forth the most beautiful side of human

nature, and so vividly suggested the ecstasy which is the reward of a charitable deed, that I was not surprised at the emotion of the spectators. Prosaic-looking city men, fashionable ladies, young dandies, all sorts and conditions of men, were fascinated by the picture, and often brushing away a tear of admiration, formed a common scene before Mr. Fildes' masterpiece.

All true literature and all true art aim, of course, at the ennoblement of Humanity. Those who imagine that they are disciples of literature and art and yet remain dumb to such generous promptings as sympathy with suffering may be sure that these two great factors of civilisation have done as little for them as for the grossest slum-dweller in our cities or the most debased savage. But what leaders of men in religion, literature, and art can do is to indicate more directly than has hitherto been done the magnificent opportunities for the gratification of generous impulses which our Voluntary Hospitals present.

My part has been that of a sign-post, indicating where a great civic and national cause is waiting for sincere champions, and I am only too conscious that if stronger men than myself do not espouse it, my small contribution will go for nothing.

It has been my endeavour to show that London, the centre of fabulous wealth, the rendezvous of talent and genius, the metropolis of the world's mightiest race, the site of thousands of churches, and

the home of over a hundred religious sects, is also the home of an incalculable amount of misery and suffering—suffering which, to a very large extent, is preventible or artificially produced. The Juggernaut of our industry advances over the prostrate bodies of honest men, delicate women, and helpless children. There is no necessity for so many industries to be fed, so to say, with human life and health. On the contrary, it is evident that if there were prosperity amongst the producers of goods they would themselves constitute a far better market than they do at present.

I have explained that, though so much of this suffering is unnatural, there is no immediate prospect of a change for the better in the London trades, and that, therefore, the aggregate of cases of sickness our hospitals ought to deal with in the future are fairly certain not to diminish.

I have called attention to the many dangers to health and life which lurk all over this great metropolis, especially among the poorer classes, and I have warned Londoners that, though we have been free from pestilence for a long period, we have no guarantee that this scourge is extinct. It is evident that the well-to-do classes must expose themselves to infection and premature death if they allow the struggling classes to be taken by surprise by some old or new pest. In normal and absolutely peaceful times the Voluntary Hospitals are essential to the welfare of all, including the wealthiest, not

only because they check and cure disease, but because they mitigate the sufferings of the poor, and tend to produce peace and harmony between the different classes of society. But times are not always normal and peaceful. There are unmistakable signs both abroad and here that the close of the nineteenth century will be more pregnant with upheavals than those of previous centuries have been. It seems that the end of the century will also be the end of a long historical epoch: for systems and theories, mistakes and abuses, all threaten to reach that point simultaneously beyond which they cannot be developed. The armament of the great European States cannot be carried much further without breaking down by the sheer force of their own weight. The indebtedness of many States is reaching the limit of limit-credit, and has acquired an alarming unmanageable self-growth. The protective system, and the consequent suffering of the working-classes, have reached their culminating point, and the financial system, which consists of building company upon company, of issuing paper against paper, shows signs of dissolution.

We are threatened not only with wars of nations but with wars of races and classes. The hatred against the *bourgeoisie* on the Continent has attained to an intensity which strongly recalls the animosity against the nobility and the Church just one hundred years ago, and will burst forth so soon as it has

spread sufficiently amongst the rank and file of the standing armies which hold it at bay.

It is to be hoped that the dark clouds which hang over Europe will be, by means not yet discernible, swept away, and that the coming century will inaugurate a happier period. But should the storm come, will London be exempt from its effects? This is not possible; for not only will our trade and our politics be affected, but we have our own burning questions which, as matters stand, are daily becoming more acute and will certainly be ripened by everything which tends to hamper industrial activity. The evils which the dangers of the present political and social state of the world threaten to bring about, can be mitigated socially and physically by no other institutions better than a system of well-provided Voluntary Hospitals.

I have thought it necessary to emphasize the statement that Communal or State Hospitals could not replace our Voluntary Hospitals—that, in fact, the socialisation or municipalisation of our hospitals would be equal to their abolition. This all the more as the spreading belief of Socialism causes many to regard the support of the Voluntary Hospitals as of little moment, nay, as treason against what in their belief is the social ideal. I have endeavoured to keep this work free from the spirit of party or sect, but I have felt compelled by duty to dwell to some extent on the delusions which tempt the unwary to look upon Socialism as the

solution of our social problems. The fact that so many excellent men have of late foresworn Individualism, and that the very desire to benefit their fellow-beings, to which I would fain appeal, has made them an easy prey to the modern hallucination, urged me to this timely warning. Bellamy, Henry George, and many more advocates of a gradual transition from a free to a compulsory system, base all their reasoning on the supposition which, though plausible, is fallacious. It is this: that to confer unlimited power over everything upon Government, in order that it shall be exercised in favour of all the citizens of the State alike, is good and practicable so long as the public exercises, as electors, full power over the Government. The conditions, then, for the success of Socialism is that the people shall exercise unlimited power over the Government, and that the Government shall exercise unlimited power over the people. This is supposed possible because we have the example of States where the Government has unlimited power over the people, and also, in other countries, where the people have unlimited power over the Government. Of the two principles working simultaneously in one country we have no example, and to believe it possible is the fundamental fallacy in socialistic reasoning. Why it is a fallacy will become at once obvious through the following illustration. Two acrobats of the same weight and strength become convinced, by practical experience, that the one can lift the other, and con-

clude that, this being the case, they can by lifting each other simultaneously soar into the air. This would, of course, be a fallacy, because we know that each of them increases his weight in exact proportion to the force he applies in lifting the other. The case is the same with respect to the power of Government and people; for every iota of power the Government gains, the people lose; and *vice versâ*. The very term political power would be meaningless if there were not people in proportional subjection.

There is, therefore, not the slightest possibility that we shall ever achieve the socialistic Utopia. What we may get is a powerful bureaucratic class difficult to shake off. In the meantime, the gradual transition is painful, especially to the working-classes —for the clumsy State interference hampering the delicate mechanism of a free system tends to reduce trade and wages, and deprive the working-man of his opportunities of work.

Were we to socialise or municipalise our hospitals and bring them up to the strength and efficiency, which a just system should exact, a heavy increase of taxation would ensue. The poor cannot pay more than they pay. The burden would therefore fall upon employers and capitalists. Now every penny raised in this way diminishes the wage-fund and drives capital out of trade in quantities far exceeding the taxes collected. We know that the prosperity of a country's industry depends upon the

amount of capital embarked in it, and as that capital diminishes, wages fall, and the number of unemployed increases. The standard of living among the working-classes has to be reduced, and their resisting power is enfeebled. Thus hospitals created in this fashion engender more patients than they can possibly cope with. A small tax on capital is therefore a severe tax on the working-man, and hospitals, if they are to be a real benefit to the working-classes, must be supported by voluntary contributions.

I have appealed to all classes and all political parties, not only because they are all certain to sympathise with our suffering poor, but also because it is to the advantage of the whole community that the life of the toilers should be made as bright as possible. The masses who depend on wages for their daily bread are in this country numerous and determined. What is more, they might by concerted action control the elections. If we allow the Voluntary Hospitals to fall into decay for want of means, as they now threaten to do, instead of bringing them up to a state of perfection, we shall create a powerful cause of discontent among the masses. We shall expose the Empire to the dangers of reckless legislation, and approach that state of social chaos which has overtaken many other great Empires, when the indifference of the wealthy classes has driven the poor and their friends to desperation.

I have appealed to the clergy and ministers of all denominations, because they are the national advocates of the poor, and have already given proof of their willingness to help the Voluntary Hospitals. Some do more than others. If all preachers did for the hospital collections as much as certain clergymen in London do, the amounts received on Hospital Sunday throughout the Metropolis would be enormous. I know that many of them have to ask their congregations to support a number of other institutions, and that with regard to the Hospital Sunday Fund, they stand in too isolated a position. But if they can gain the co-operation of the lay element, they will achieve a better result with less anxiety to themselves.

Though I am aware that among freethinkers and agnostics there are many generous-minded friends of suffering humanity, I have specially appealed to the religious congregations throughout London. Through their existing organisations they are already in touch with the poor, and they know what suffering and what misery could be avoided, if our hospitals were what they ought to be. Besides, they have in their spiritual leaders men who are not slow in grappling with social problems, and who can therefore easily fall in with the proposed new movement.

There was a time when it would have been madness to ask the different religions and different sects in London to join hands in one great work of charity : for intolerance and religious hatred reigned

supreme. In our day it is natural to expect rivalry in tolerance and charity. We seem to have laid to heart the beautiful teaching which the German poet, Lessing, sets forth in his famous drama, "Nathan der Weise," and as it appears to me to have a peculiar application to my appeal to the various religions and sects, I shall briefly retail it.

Saladin, who had a high opinion of Nathan's wisdom, asked him which of the three religions—the Mahomedan, the Jewish, the Christian—was the true one. Nathan replied in the following parable: There was once a man who owned a wonder-working ring. It had the power of rendering its possessor virtuous and happy. When, after a long and happy life, the man realised that he was about to die, it became his duty to bequeath the ring to another. He had three sons, and, as he loved them equally well, he could not make up his mind to which of them he should give the talisman. At last it occurred to him to have two other rings made exactly like the wonder-working ring. This he had done, and then mixed them so that he himself could not distinguish the one from the other. He called his sons, one by one, and gave to each a ring, telling each that he loved him best, and therefore gave him the talisman. When the father was dead, each of the sons claimed to possess the right ring, and quarrelled over it. At last they decided to go before a wise judge who lived near at hand and asked him to act as arbitrator. His judgment was

this : As the right ring will make its owner virtuous and happy, each of you should keep your ring as long as you live, and the one of you whose life is most virtuous and most happy, he it is who has the right ring.

There is no desire on my part to suggest that contributions to the hospitals, or any sacrifice of money, could possibly constitute a test of the moral value of a creed. But I cannot help thinking that a friendly rivalry in the work of succouring the poor sufferers of London would tend towards peace on earth and good will among men.

My task is done. May my anxiety to serve a good cause be allowed to tell in the balance against the shortcomings of this book. If, from fear of saying too little, I have chanced to say too much, I trust that my fault may not be visited upon the suffering poor. If my work results in the attention of leading men in religion, politics, and literature being drawn to the needs of our hospitals and the importance of maintaining them in a flourishing state, I shall be content. What I have aimed at is to convey to my readers the impression which has haunted me during the writing of these pages, that whatever we do or whatever we neglect in this vital matter of the hospitals, will, through ever-growing waves of cause and effect, produce good or evil throughout all eternity.

THE END.

APPENDIX OF PARTICULARS OF METROPOLITAN HOSPITALS AND MEDICAL INSTITUTIONS.

SPECIAL NOTE.

THE particulars contained in this Appendix are published in the hope that many readers may be induced to take an interest in Individual Hospitals, and so to become regular subscribers. Should any readers find a difficulty in making a selection, it is suggested that they should send a cheque to the RIGHT HON. THE LORD MAYOR, as President of the Committee of Distribution of the Hospital Sunday Fund, MANSION HOUSE, E.C. All sums so sent will be distributed on the basis of award adopted by the Metropolitan Hospital Sunday Fund Council.

APPENDIX.

THE following Appendix contains the names and particulars of the Hospitals and Medical Institutions which receive a grant each year from the Metropolitan Hospital Sunday Fund. It is given in order to enable anyone to see what the Hospitals and Kindred Charities are doing for Suffering London. It will be observed that, to meet an expenditure on maintenance and administration of £586,172, the reliable income only amounts to £344,550, so that every year £241,622 have to be raised in benefactions, to enable the work to proceed. Altogether 88,562 in-patients and 874,048 out-patients are relieved annually by our Voluntary Hospitals and Medical Charities, the number of occupied beds being 7,729.

The object of the Appendix is to show the actual needs of our Hospitals, and the figures have been compiled, as far as possible, from the statistics of 1891. Contributions should be sent direct to the Secretary of any Hospital or Institution which the reader may select, or failing this, it may be sent direct to the Lord Mayor at the Mansion House, as explained in the Special Note over leaf.

APPENDIX—(*Continued*).

Name and Address of Hospital.	Name of Secretary.	Year Founded.	Occupied Beds.	Patients. In.	Patients. Out.	Annual Expenditure on Maintenance and Administration.	Total Reliable Income.	Sum which has to be raised Annually in Benefactions.
General Hospitals.						£	£	£
Charing Cross Hospital, Agar Street, W.C. ...	A. E. Reade.	1820	175	7,291	21,243	14 901	5,538	9,363
French Hospital, Shaftesbury Avenue, W.C.....	F. Sorel.	1867	51	731	5,049	4,039	764	3,275
German Hospital, Dalston, N.E.	Chr. Feldman,	1845	125	1,301	24,757	9,300	5,755	3,545
	Convalescent Home.		17	291	—			
Great Northern Central, Holloway Road, N. ..	Wm. T. Grant.	1856	66	1,072	17,350	6,185	2,450	3,735
Guy's Hospital, St. Thomas Street, Southwark,	Dr. J. C. Steele, Supt.	1724	500	6,131	59,846	39,219	34,436	4,783
Italian Hospital, Queen Square, W.C.	G. Ferrari.	1884	12	230	3,770	858	542	316
King's College Hospital, Portugal Street, W.C...	Rev. N. Bromley, Warden.	1839	220	2,281	19,777	19,145	6,270	12,875
London Homœopathic, Gt. Ormond Street, W.C.	G. A. Cross.	1849	65	798	9,773	5,240	4,550	690
London Hospital, Whitechapel Road, E.	G. Q. Roberts.	1740	776	9,458	112,092	57,755	36,355	21,400
Metropolitan Hospital, Kingsland Road, E.....	C. H. Byers.	1836	78	880	16,085	7,962	2,474	5,488
Miller Hospital, Greenwich Road, S.E.	J. Marks, Sec.,	1883	23	208	—	3,188	1,912	1,276
	Kent Dispensary.	1783	—	—	11,124			
North-West London, Kentish Town Rd., N.W...	Alfred Craske.	1878	47	646	14,190	3,700	1,565	2,135
Poplar Hospital for Accidents, Blackwall, E.....	Lt.-Col. Feneran.	1854	32	570	17,312	3,365	1,601	1,764
Royal Free Hospital, Gray's Inn Road, W.C....	Conrad W. Thies.	1828	135	2,000	20,000	11,000	3,000	8,000
St. George's Hospital, Hyde Park Corner, S.W...	C. L. Todd.	1733	324	4,635	28,283	28,585	23,683	4,902
SS. John and Elizabeth, Gt. Ormond Street, W.C.	——	1856	50	157	—	2,271	1,271	1,000

Note.—Under the head of Reliable Income are included (1) Receipts from Dividends and Invested Properties; (2) Annual Subscriptions; (3) Hospital Sunday Fund; (4) Hospital Saturday Fund; and (5) Paying Patients.

APPENDIX—*(Continued).*

Name and Address of Hospital.	Name of Secretary.	Year Founded.	Occupied Beds.	Patients. In.	Patients. Out.	Annual Expenditure on Maintenance and Administration.	Total Reliable Income.	Sum which has to be raised Annually in Benefactions.
General Hospitals—*Continued.*						£	£	£
St. Mary's Hospital, Paddington, W.....	Thomas Ryan.	1845	244	3,922	32,441	22,650	9,871	12,779
Seamen's Hospital Society, Greenwich, S.E.....	P. Michelli.	1821	220	3,152	10,358	14,348	8,678	5,670
The Middlesex Hospital, Mortimer Street, W...	F. Clare Melhado.	1745	254	3,018	38,318	26,004	14,360	11,644
Training Hospital, Tottenham, N.	No Return.	—	—	—	—	—	—	—
University College Hospital, Gower Street, W.C.	Newton H. Nixon.	1833	183	3,465	44,831	25,036	11,036	14,000
West London Hospital, Hammersmith Road, W.	R. J. Gilbert.	1856	101	1,504	23,556	6,075	3,148	2,927
Westminster Hospital, Broad Sanctuary, S.W....	Sidney M. Quennell.	1719	175	2,620	16,225	13,462	5,878	7,584
Special Hospitals..								
Chest Hospitals.								
City of London for Diseases of Chest, Victoria Park, E.....	Thos. Storr-Smith.	1848	164	1,736	15,529	10,400	4,352	6,048
Hospital for Consumption, Brompton, S.W.	Hy. Dobbin.	1841	252	1,774	13,392	24,415	15,309	9,106
North London Consumption, Hampstead, N.W.	Lionel F. Hill.	1860	47	400	2,850	5,400	2,315	3,085
Royal Hospital for Diseases of Chest, City Road.	John Harrold.	1814	50	499	9,055	6,322	2,658	3,664
Royal National Hospital for Consumption, Ventnor, Isle of Wight (London Office: 34 Craven Street, Charing Cross, W.C.)	Ernest Morgan.	1868	132	7-2	—	10,750	6,811	3,939

Note.—Under the head of Reliable Income are included (1) Receipts from Dividends and Invested Properties; (2) Annual Subscriptions; (3) Hospital Sunday Fund; (4) Hospital Saturday Fund; and (5) Paying Patients.

Name and Address of Hospital.	Name of Secretary.	Year Founded.	Occupied Beds.	Patients. In.	Patients. Out.	Annual Expenditure on Maintenance and Administration.	Total Reliable Income.	Sum which has to be raised Annually in Benefactions.
Special Hospitals—*Continued.*								
Children's Hospitals.						£	£	£
Alexandra, for Hip Diseases, Queen Square, W.C.	John W. Neligan.	1867	81	154	90	2,584	1,738	846
Belgrave, for Children, 79 Gloucester Street, S.W.	Percy Gates.	1866	23	138	2,141	1,290	1,000	290
Cheyne Hospital for Incurable Children, Cheyne Walk, Chelsea, S.W.	Reginald Blunt, Convalescent Home.	1875	50 10	50 10	— —	2,269	1,839	430
East London Hospital for Children, Shadwell, E.	S. Whitford.	1868	84	1,107	21,216	7,396	2,700	4,696
Evelina, for Children, Southwark Bridge Rd., S.E.	T. S. Chapman.	1869	60	727	5,463	6,218	4,012	2,206
Home for Incurable Children, Maida Vale, W. ..	No Return.	—	—	—	—	—	—	—
Home for Sick Children, Sydenham, S.E.	W. Aste, Hon. Sec.	1871	45	2.5	1,565	1,526	1,391	135
Hospital for Sick Children, Great Ormond Street.	Adrian Hope.	1852	130	1,495	20,112	11,982	6,420	5,562
North Eastern, for Children, Hackney Rd., N.E.	Alfred Nixon.	1857	45	508	13,7 2	6,058	2,537	3,521
Paddington Green Children's Hospital, W..... .	W. H Pearce.	1883	27	470	11,509	2,281	1,463	818
Victoria, for Children, Queen's Road, Chelsea *	Capt. Blount, R.N.	1866	82	1,085	15,241	5,650	4,230	1,420
"The Vine," Sevenoaks.	Miss M. Rose, Hon. Sec.	1872	17	33	—	983	672	311
Lying-in Hospitals.								
British Lying-in Hospital, Endell Street, W.C.	Fitzroy Gardner.	1749	8	170	508	1,568	1,083	485
City of London Lying-in, City Road, E.C.	R. A. Owthwaite.	1750	22	455	1,555	3,626	3,158	468
General Lying-in, York Road, Lambeth, S.E.	Miss Annie Whyte.	1765	24	463	1,748	3,009	2,832	177
Queen Charlotte's, Marylebone Road, N.W.....	G. Owen Ryan.	1752	38	942	1,148	3,757	2,130	1,627

* Branches at Broadstairs and Margate.

Note.—Under the head of Reliable Income are included (1) Receipts from Dividends and Invested Properties; (2) Annual Subscriptions; (3) Hospital Sunday Fund; (4) Hospital Saturday Fund; and (5) Paying Patients.

APPENDIX—*(Continued).*

Name and Address of Hospital.	Name of Secretary.	Year Founded.	Occupied Beds.	Patients. In.	Patients. Out.	Annual Expenditure on Maintenance and Administration.	Total Reliable Income.	Sum which has to be raised Annually in Benefactions.
Special Hospitals—*Continued.*								
Hospitals for Women.						£	£	£
Chelsea Hospital for Women, Fulham Road, S.W.	A. C. Davis.	1871	40	494	3,539	4,379	2,799	1,680
Grosvenor Hospital, Vincent Sq., Westminster, S.W.	Hon. F. C. Howard.	1866	13	315	1,715	1,554	990	564
Hospital for Women, Soho Square, W.	David Cannon.	1842	51	721	5,375	6,702	3,238	3,464
New Hospital for Women, Euston Road, W.C..	Miss M. M. Bagster.	1872	42	304	6,541	3,300	1,762	1,538
Royal Hospital for Children and Women, Waterloo Bridge Road, S.E.	R. G. Kestin.	1816	50	586	7,126	3,881	2,146	1,735
Samaritan Free Hospital, Marylebone Road, N.W.	George Scudamore.	1847	53	572	7,073	6,820	2,438	4,382
Other Special Hospitals.								
Cancer Hospital, Brompton, S.W.	Information refused.	—	—	—	—	—	—	—
London Fever Hospital, Liverpool Road, N....	Maj. W. Christie.	1802	74	671	—	10,016	8,094	1,922
Gordon, for Fistula, Vauxhall Bridge Road, S.W.	No Return.	—	—	—	—	—	—	—
St. Mark's Hospital for Fistula, City Road, E.C.	Arthur Leared.	1835	22	311	843	2,176	1,273	903
National Hospital for Diseases of the Heart and Paralysis, Soho Square, W.	Capt. F. Handley.	1857	23	128	1,796	2,077	1,548	529
Female Lock Hospital, Harrow Road, W. .... Male Lock Hospital, Dean Street, Soho, W.C.	George Gilbert.	1746	123	956	27,203	6,695	4,653	2,042
Hospital for Epilepsy, &c., Regent's Park, N.W.	H. Howgrave Graham.	1866	25	132	708	1,850	1,286	564

Note.—Under the head of Reliable Income are included (1) Receipts from Dividends and Invested Properties; (2) Annual Subscriptions; (3) Hospital Sunday Fund; (4) Hospital Saturday Fund; and (5) Paying Patients.

Name and Address of Hospital.	Name of Secretary.	Year Founded.	Occupied Beds.	Patients. In.	Patients. Out.	Annual Expenditure on Maintenance and Administration.	Total Reliable Income.	Sum which has to be raised Annually in Benefactions.
Special Hospitals—*Continued.* *Other Special Hospitals—Continued.*								
National Hospital for the Paralysed and Epileptic, Queen Square, W.C.	B. Burford Rawlings	1859	170	839	3,938	£ 12,100	£ 6,084	£ 6,016
Central London Ophthalmic, Gray's Inn Rd., W.C.	William Abrams.	1843	13	157	8,195	841	547	294
Royal London Ophthalmic, Moorfields, E.C.....	R. J. Newstead.	1804	100	1,892	25,558	6,333	2,397	3,936
Royal South London Oph., St. George's Circus..	Charles Comyn.	1857	40*	— †	6,876	2,000 ‡	500 ‡	1,500 ‡
Royal Westminster Ophthalmic, Charing Cross...	T. Beattie-Campbell.	1816	30	419	9,203	2,235	1,312	923
Western Ophthalmic, Marylebone Road, W....	G. E. Manton.	1856	—	45	2,438	800	500	300
City Orthopædic Hospital, Hatton Garden, E.C.	No Return.	—	—	—	—	—	—	—
National Orthopædic, Gt. Portland Street, W...	No Return.	—	—	—	—	—	—	—
Royal Orthopædic Hospital, Oxford Street, W. ..	B. Maskell.	1838	50	154	1,032	2,205	1,289	916
Hospital for Diseases of Skin, Stamford Street ..	No Return.	—	—	—	—	—	—	—
London Skin Hospital, Cranbourne Street, W.C.	No Return.	—	—	—	—	—	—	—
St. Peter's Hospital for Stone, Covent Garden..	No Return.	—	—	—	—	—	—	—
Central London Throat and Ear, Gray's Inn Rd.	Richard Kershaw.	1874	12	228	6,675	2,300	1,430	870
Hospital for Diseases of Throat, Golden Square...	W. Thornton Sharp, B.A.	1864	30	525	7,260	3,500	2,790	710
London Throat, Great Portland Street, W.....	Hope Cooper.	1887	4	55	1,586	945	745	200
Royal Ear Hospital, Frith Street, W.C.	D. Murray.	1816	9	153	2,742	791	563	228

* Accommodation in New Buildings. † Temporary premises only were occupied in 1891 with no In-Patient accommodation.
‡ Estimated Expenditure, etc. in New Buildings.

Note.—Under the head of Reliable Income are included (1) Receipts from Dividends and Invested Properties; (2) Annual Subscriptions; (3) Hospital Sunday Fund; (4) Hospital Saturday Fund; and (5) Paying Patients.

APPENDIX—*(Continued).*

Name and Address of Hospital.	Name of Secretary.	Year Founded.	Occupied Beds.	Patients. In.	Patients. Out.	Annual Expenditure on Maintenance and Administration.	Total Reliable Income.	Sum which has to be raised Annually in Benefactions.
Special Hospitals—*Continued.*								
Other Special Hospitals—Continued.						£	£	£
London Temperance, Hampstead Road, N.W.	E. Wilson Taylor.	1873	80	751	3,251	6,913	3,393	3,520
Dental Hospital, Leicester Square, W.C.	J. F. Pink.	1858	—	—	28,105	1,920	1,520	400
National Dental Hospital, Gt. Portland Street, W.	A. G. Klugh.	1861	—	—	23,197	800	700	100
Convalescent Hospitals.								
Metropolitan Convalescent Institution *	Charles Holmes, 32 Sackville Street, W.	1840	174	3,661	—	6,465	4,728	1,737
Bexhill Convalescent Institution, Nr. Hastings.		1881	72	1,530	—	2,951	2,697	254
All Saints Convalescent Hospital, Eastbourne	No Return.	—	—	—	—	—	—	—
Mrs. Gladstone's Convalescent Home, Woodford	Lt.-Col. E. Neville.	1866	86	1,170	—	1,442	831	611
Hanwell Convalescent Home	No Return.	—	—	—	—	—	—	—
Herbert Convalescent Home, Bournemouth	G. Cookman.	1867	35	371	—	1,311	1,275	36
King's Col. Hos. Conv. Home, Hemel Hempstead	J. W. Cuningham.	1877	40	463	—	1,590	1,228	362
Mrs. Kitto's Convalescent Home, Reigate	Rev. T. F. Kitto.	1872	20	319	—	627	86	541
Mrs. Marsham's London and Brighton Female Convalescent Home	No Return.	—	—	—	—	—	—	—
Mary Wardell Conv. Home, Stanmore	Miss Mary Wardell.	1884	42	200	—	2,000	1,041	959
Morley House, Conv. Home for Working-Men	No Return.	—	—	—	—	—	—	—
Princess Frederica's Conv. Home, East Molesey	R. W. Maude.	1880	6	165	—	510	410	100

* Homes: Adults—Walton-on-Thames; Children—Kingston Hill, Surrey.

Note.—Under the head of Reliable Income are included (1) Receipts from Dividends and Invested Properties; (2) Annual Subscriptions; (3) Hospital Sunday Fund; (4) Hospital Saturday Fund; and (5) Paying Patients.

Name and Address of Hospital.	Name of Secretary.	Year Founded.	Occupied Beds.	Patients. In.	Patients. Out.	Annual Expenditure on Maintenance and Administration.	Total Reliable Income.	Sum which has to be raised Annually in Benefactions.
Convalescent Hospitals—*Continued.*						£	£	£
Children's Convalescent Home, Ramsgate	Miss Flavelle.	1881	15	67	—	307	124	183
St. Andrew's Convalescent Hospital, Clewer	No Return.	—	—	—	—	—	—	—
St. Andrew's Convalescent Home, Folkestone....	——	1875	120	1,768	—	3,819	2,665	1,154
St. Barnabas Convalescent Home, Ramsgate....	——	1885	36	176	—	772	606	166
St. John's Home for Conv. Children, Brighton	R. Ball Dodson.	1875	155	173	—	1,200	889	311
Conv. Home for Children, St. Leonards-on-Sea..	——	1869	75	75	—	1,581	1,374	207
St. Mary Magdalene's Conv. Home, Paddington	No Return.	—	—	—	—	—	—	—
St. Michael's Conv. Home, Westgate-on-Sea....	R. H. Perryn, Hon. Sec.	1876	28	287	—	830	500	330
Seaside Convalescent Home, Seaford	Frank Maitland.	1860	66	863	—	4,000	2,700	1,300
Cottage Hospitals.								
Beckenham Cottage Hospital	W. G. Bartlett.	1872	18	94	—	608	560	48
Blackheath and Charlton Cottage Hospital	Maj-Gen. Swayne. Miss Finch.	1880	12	131	1,000	859	530	329
Burstead Cottage Convalescent Home.....	No Return.	—	—	—	—	—	—	—
Chislehurst Sidcup and Cray Valley Cottage Hospital.....								
Eltham Cottage Hospital								
Enfield Cottage Hospital.....	James Penny.	1875	9	52	—	410	238	172

Note.—Under the head of Reliable Income are included (1) Receipts from Dividends and Invested Properties; (2) Annual Subscriptions; (3) Hospital Sunday Fund; (4) Hospital Saturday Fund; and (5) Paying Patients.

APPENDIX—(*Continued*).

Name and Address of Hospital.	Name of Secretary.	Year Founded.	Occupied Beds.	Patients. In.	Patients. Out.	Annual Expenditure on Maintenance and Administration. £	Total Reliable Income. £	Sum which has to be raised Annually in Benefactions. £
Cottage Hospitals—*Continued.*								
Epsom and Ewell Cottage Hospital	No Return.	—	—	—	—	—	—	—
Hatfield Broad-Oak Cottage Hospital	No Return.	—	—	—	—	—	—	—
Reigate and Redhill Cottage Hospital	No Return.	—	—	—	—	—	—	—
Shedfield Cottage Hospital	Mrs. Franklyn.	1867	7	54	—	200	170	30
Sidcup Cottage Hospital	Malcolm Hewitt.	1882	7	88	12	398	298	100
Wimbledon Cottage Hospital	J. A. Burrell.	1869	11	115	—	530	384	146
Institutions.								
Establishment for Gentlewomen, Harley Street	No Return.	—	—	—	—	—	—	—
Hampstead Home Hospital, Hampstead, N.W.	R. A. Owthwaite.	1881	11	164	—	2,336	1,676	660
Nat. Sanatorium for Consumption, Bournemouth	No Return.	—	—	—	—	—	—	—
Royal Sea-Bathing Infirmary, Margate	A. B. Peirce.	1791	168	667	32	9,045	5,322	3,723
Invalid Asylum, Stoke Newington	Miss J. P. Moline.	1835	28	213	—	1,069	866	203
Firs Home, Bournemouth	—	1868	20	58	—	1,483	1,006	477
St. Catherine's Home, Ventnor	No Return.	—	—	—	—	—	—	—
Hahnemann Convalescent Home, Bournemouth	No Return.	—	—	—	—	—	—	—
Royal Mineral Water Hospital, Bath	F. W. Dingle.	1739	151	1,434	—	4,924	4,562	362

Note.—Under the head of Reliable Income are included (1) Receipts from Dividends and Invested Properties; (2) Annual Subscriptions; (3) Hospital Sunday Fund; (4) Hospital Saturday Fund; and (5) Paying Patients.

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Class of Institution.	Occupied Beds.	Patients. In.	Patients. Out.	Expenditure.	Reliable Income.	Sums to be raised Annually in Benefactions.
				£	£	£
21 General Hospitals	3,873	51,341	549,370	324,288	185,137	139,151
5 Chest Hospitals	645	4,631	40,826	57,287	31,445	25,842
11 Children's Hospitals	654	6,002	91,059	48,237	28,002	20,235
4 Lying-in Hospitals	92	2,030	4,459	11,960	9,203	2,757
6 Hospitals for Women	249	2,792	31,369	26,636	13,373	13,263
20 Other Special Hospitals	804	7,417	155,911	66,497	40,624	25,873
15 Convalescent Homes	970	11,279	——	29,405	21,154	8,251
6 Cottage Hospitals	64	534	1,022	3,005	2,180	825
5 Institutions	378	2,536	32	18,857	13,432	5,425
93 Grand Total	7,729	88,562	874,048	586,172	344,550	241,622

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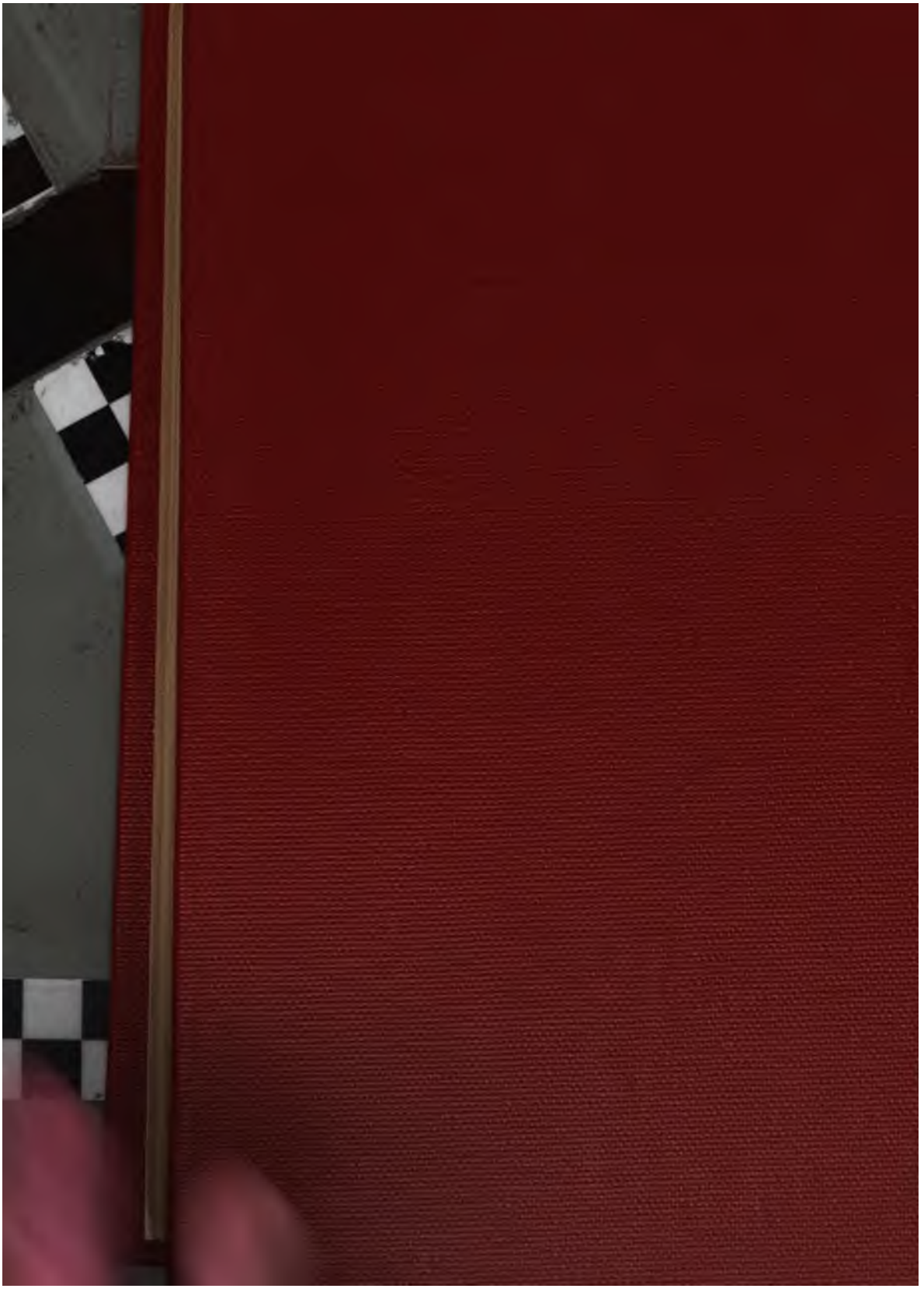
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